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EDITORIAL COMMENT



THE NURSE PHARISEE

IN our last JOURNAL we made mention in a general way of certain obstacles that seem to be in the path of progress, and we reserved until the last what we consider to be the most serious of them all—the nurse Pharisee.

In the news department of the JOURNAL from month to month, and in the various *alumnæ* magazines, are reported the appointment of graduates from our leading schools as superintendents of hospitals or as heads of departments in institutions all over the country. Some of these women we never hear of again after the appointment is announced, although they remain in hospital positions. Others come more and more to the front in all lines of progressive work that have to do with hospitals and nurses. They are the leaders in thought and in service, in organization, in state registration, in philanthropic movements of all kinds. In many instances their reputation is more than local. The other group of women, perhaps with educational opportunities, both preliminary and professional, of the very highest, with far greater opportunity, content themselves with performing the duties which are confined to the four walls of the hospital with which they are connected, and for which they are paid. Their attitude toward all nursing interests outside their daily round is one of indifference if not of superiority. They seem to thank God that they are not as others. They fail to appreciate that with greater knowledge comes greater obligation of service to others.

It is often the woman of limited education and moderate equipment who, by reason of her keen interest and warm heart, leaves a trail of progress, inspiration, and enthusiasm wherever she goes.

Those women who, now in increasing numbers, go into new fields and fail to meet their professional obligations, are among our most stubborn

problems. Not only are the hospital and the community losers, but they are turning out, year after year, classes of the same kind of nurses as themselves, ignorant of the tremendous problems of the nursing world, interested only in their personal work and its remuneration. It is only when such a pupil gets pushed out into the world that she wakes up to an interest in the things that should have been made familiar to her while in training. To graduate pupils without public spirit or interest in public affairs is as injurious as to graduate them without a knowledge of the infectious nature of tuberculosis.

The only way that suggests itself to us for getting this type of superintendent out of her narrow circle is in the organization of local superintendents' societies, which such women will be almost compelled to join, because of public sentiment, and so come in touch with their fellow workers. That such local associations prove an inspiration is being demonstrated in many places, but even these will not reach them all, and the responsibility goes back to the heads of the large schools in which the majority of the women who go into executive work are trained.

ANOTHER TYPE

In contrast to the type of woman above described, no better example could be found of the nobler type than is presented in the little sketch of Lillian G. Light in our official department. Here was a woman with no higher equipment, no greater opportunities than most of us have, who lived her life quietly, yet fulfilled her obligations as a woman, a nurse, and a citizen. She was little known to the nursing world in general, even her closest friends did not realize the extent of her efforts, but after her death we find a whole city rising to call her blessed and to honor her memory by a fitting memorial. No death reported in our columns has brought to our office a greater number of voluntary and heart-felt tributes.

With the exception of two short services as night superintendent, Miss Light's nursing career was that of a private nurse in her home town. Yet she did not feel herself limited to narrow bounds, and when an epidemic of smallpox occurred, she volunteered to care for the 130 patients in the Municipal Hospital and brought them safely through. When she saw the need of district nursing, she did what she could as an individual to care for the poor, and went to work single-handed to interest the Woman's Club to establish a visiting nurse association.

We often hear that private duty nurses have no time for anything aside from their own work—here was one who made herself so thoroughly

a part of her community that throngs of its citizens, from the highest in position to the mill hand and factory worker, came to mourn at her burial. We hear that nurses fall behind in professional knowledge—here was one well able to take the lead in new branches of work because she kept herself in touch with what was being done by others. We hear of those who refuse hard cases—here was one who sought out the sick poor, who went wherever she was called, who gave her life in her effort to care for an insane immigrant woman, and who, even after her fatal injury, responded to one more call to some one in need.

When we hear criticism of the selfish mercenary spirit of the modern nurse, let us recall the name of Lillian G. Light and take courage. She is not alone, there are many others.

MEMBERSHIP IN THE ASSOCIATED ALUMNÆ

THE committee on reorganization has asked us to emphasize at this time the importance of a very careful consideration, on the part of organizations sending delegates to the June meetings, of the membership qualifications found in this number and which will be sent in outline to all the associations before the convention. Of course this is only one of the important phases of the reorganization plan, but it suggests such vital changes all over the country that it is important, for its intelligent discussion at the national meeting, that the local associations should thoroughly understand it.

Those women whose work has taken them about the country, so that they have become familiar with conditions as they exist in different sections, have reached the conclusion that while some *alumnæ* associations are alive and very active, the great majority of them seem to be in a state of inertia and indifference, and this seems to be the natural result of monotony, from lack of coming in touch with new people and new interests. The really progressive work is being done in those communities where nurses of all schools are united in one central organization; whether it is called a graduate nurses' club, or a city or county association, the results are practically the same.

The reorganization committee has followed the lines of organization that the American Medical Association has adopted after fifty years of experience in organization life, in recommending a form of membership by counties having individual membership. This doesn't imply that *alumnæ* associations should be disbanded; they would still have a very important purpose in looking after sick members and in maintaining a friendly spirit between old and young graduates, but for public service

and for national and state membership, though they have served their purpose in their day, nursing seems to have outgrown their boundaries.

Membership by counties seems also to be the only way in which we can get down to a uniform plan of membership with uniform dues and representation.

The next vital question in the reorganization plan is that of JOURNAL ownership. The Associated Alumnae now owns 73 shares of JOURNAL stock, other associations 24, and individuals 3. The individuals and associations now holding stock are ready to turn over such holdings as soon as we are ready for the final transfer, but until the reorganization is completed the Associated Alumnae cannot own the JOURNAL. At the present time the Association controls the JOURNAL absolutely, but does not legally own it and is not legally responsible for its proceedings. While this does not jeopardize the welfare of the JOURNAL at all, it is unsatisfactory and somewhat embarrassing for those who are doing the work and carrying the burden of it. So little effort is required now, from a financial standpoint, to make the transfer, we are asked to urge again that such completion of the reorganization plans may be decided upon as will make possible the complete transfer during the coming year.

No special group of people is pushing this reorganization; the need of it is universally agreed upon,—it is not being urged by one group of members more than another. The recommendations of the committee are the result of very careful study and advice with expert council, and it is hoped that the delegates will come to the convention familiar with the plans and ready to speak the sentiment of the associations they represent, so that some definite conclusion may be reached at this next meeting.

Reconstructing the By-Laws, with even unimportant changes, means an immense amount of hard work for one or two people and considerable expense for printing. Unless some radical changes can be made it would, in our judgment, seem best to go along as we are until all can agree upon a broader plan.

PROGRESS OF STATE REGISTRATION

OREGON has secured the passage of a bill for state registration through both houses of the legislature, and as the nurses have been promised the Governor's signature, they feel confident that it will become a law. A copy of this bill will be published later; it contains what we consider one of the most vital requirements, a board of nurse examiners.

The Montana bill, referred to in our last number, was killed in committee.

As we go to press we are informed that the nurses of New Jersey are making a vigorous fight to kill the obnoxious medical bill.

Later reports from Wisconsin advise us that the bill which the state association is opposing was introduced, not by a physician, as we were at first wrongly informed, but by two nurses who have succeeded in concealing their identity. At the present time the committee is in the midst of legislative activity.

Perhaps one of the most encouraging reports that has come to us of the results of state registration in New York is that those schools that are not registered openly acknowledge that applicants applying for admission demand first to know whether or not the school is properly registered, showing that the importance of the law is recognized by would-be applicants to nursing ranks.

While we endorse most cordially and emphatically the establishment of training schools in small general hospitals in isolated communities, we do not approve of the establishment of such schools in small special hospitals in large centres, where there are already good and liberally-supported general hospitals. These small hospitals are usually established either for the commercial advantage of one or a small group of physicians or as a result of a split-off from the larger institution of members of the medical profession or board of managers. Such small institutions cannot provide a variety of experience for the training of nurses, and usually they will not provide the necessary equipment. They should either employ graduates or secure nursing service by affiliation with the larger institution. The registration and recognition by state boards of such small training schools is retarding nursing progress and the more efficient care of the sick, which is the underlying principle of all our efforts.

PROGRESSIVE AND NON-PROGRESSIVE METHODS

WHEN we read such a paper as that published in this magazine on the Small Hospital, written by A. E. B., every word of which we know to be true, we feel discouraged that people in communities where new hospitals are established do not profit by the progress that has been made in other sections, but rather begin in the same old way, and that educational progress is so slow, and to the workers more discouraging than it was thirty years ago or more. Then there will come to us something from a little hospital in a new territory where the leaders seem to have taken advantage of the example of the older sections and to have established the institution upon the highest plane that has been attained.

We are personally unfamiliar with the hospital at Tulsa, Oklahoma, but we quote from the graduating address of the physician who is president of the hospital association, which shows the planting in new soil of the most progressive ideas in regard to hospitals and nurses and their relations to the community.

"This is an age of division of labor and intelligent co-operation along all large lines of successful human endeavor. The observation of the contagiousness of certain diseases; the introduction of the microscope and other numerous instruments of diagnostic and therapeutic precision; the discovery and adoption of vaccination; the revelation of anæsthesia; the establishment of the germ theory; the recognition of antiseptics in surgery; the Pasteur treatment for rabies; the use of antitoxin; the antitetanic serum and the timely exhibition of the proper serum in epidemic cerebrospinal meningitis; the typhoid as well as the numerous other bacterins for the purpose of establishing artificial active immunity in many surgical affections, such as carbuncles, etc., point to the practical use of many great life-saving measures.

"The propagation of known laws of hygiene and the application of sanitary measures prolong and sweeten life as well as make our very existence possible under the modern complex civilization.

"A properly conducted hospital is the medical and surgical clearing house of the community. It not only aids the strong but helps the weak. Preventive medicine and sociological conditions demand hospitals, not only to care for the sick, but to properly train those charged with the great responsibility of ministering to the afflicted after they have left the institution. Health is an asset of such vital value that all possible effort should be directed toward preventive medicine and the education of the public. A good hospital and training school teach by precept and example the principles of heredity and hygiene, thereby creating a wholesome respect for a world-wide upward movement through the diffusion of correct information.

"The health, hope, and happiness of the future of our country are inseparably interwoven with anæsthesia, bacteriology, and the training school for nurses."

REMUNERATION FOR DISTRICT NURSES

WE have used the argument, in these pages and more frequently still in our private correspondence, that one reason it is so difficult to get nurses for the different departments of social work is that they are not sufficiently well paid, our contention being that \$50 or \$60 a month,

without living expenses, is not sufficient or reasonable compensation for women who not only do the hard practical work of this kind of philanthropy, but who to a certain extent risk their lives in its accomplishment.

One of our correspondents, who has been in this work for some time, takes exception to our attitude and brings forward the following facts in support of her argument that nurses should commence district work on a smaller salary. Because we wish to have all sides of this question presented through our *JOURNAL*, we gladly give space to the point of view of this nurse. She says:

"I have been doing district work for five years now and three years of that time has been in tuberculosis; but I am quite sure I was not worth more than \$25 a month when I began. Now with the experience I have had in creating and organizing the work and directing all the philanthropic work here, I can practically name my salary, not only here but anywhere, for many positions have been offered me in the past few months. To offer any nurse without experience in district work a salary of \$100 would not be right or just to those who have spent years in the work and whose salaries will increase as time goes on. If the nurses would come into the work, after a year's experience they would find they would not have to wait long for the increased salary. Besides, it is satisfying work, yet all nurses are not fitted for it. That is why a year's work, to my mind, seems necessary.

"I still hope that in some way the nurses may realize the importance and necessity, to say nothing of the happiness, that is waiting for them in district work."

TALKS TO COLLEGE WOMEN

WE have been asked to call attention through our pages to the opportunities which are presenting themselves for interesting college women in nursing as a profession, since the broadening out of social service work in its various branches. The courses in economics, in charities and corrections, and kindred subjects are attracting great numbers of college students, and they are more and more seeking for occupation in some form of public service and are turning less to teaching as the natural calling for a well-educated woman.

The custom prevails in all colleges of inviting men and women engaged in special occupations to address the students and tell them at first hand of the opportunities open to them as they complete their courses. The position of private nurse, and even that of executive hospital work has not appealed very strongly to the average college woman of the past,

but all the varieties of district and social-service nursing are in line with their desires and aspirations, and speakers on such subjects are constantly in demand. Miss Wald has more requests of this kind than she can possibly meet, Miss Foley has just been called from Chicago to Northampton to address the Smith students, and others have used the opportunities that have come to them to get into touch with student interests. In Minnesota and South Dakota, as well as in New York City, courses in nursing are a part of university curricula.

It seems to us that advantage should be taken of the awakened interest in our own work, and that provision should be made for furnishing a speaker when one is desired, so that no opportunity need be lost. If the inter-state secretary's work is continued another year, why might she not add the college work to her engagements, whenever it can be brought about in the course of her itineraries? Nurses in localities where there are women's colleges, and where the inter-state secretary is to come, might try to arrange in advance for her to speak. We have long since advocated sending speakers to high school classes, but those students are too young, and their decision as to their calling too far in the future, to have practicable results recognized.

INNOVATIONS

A NURSE in Canada has invented a folding rack to be used with a wash boiler in home sterilization, which would be very useful, we think, for nurses doing much surgical and obstetrical work in out-of-town practice. This device is illustrated and described in *The Canadian Nurse* for March.

Another nurse, in New York, has invented a paper sanitary napkin, a sample of which we have seen, which seems to be very soft and absorbent. Its special merit is that it can be detached from the narrow strip of cloth which runs through its centre and thrown into a water closet bowl, without danger to the plumbing. This should be a boon to both travellers and patients.

Two courses in anæsthesia are announced simultaneously in the pages of the official department this month. At St. Luke's Hospital, New York, pupil nurses are to be trained and a nurse anæsthetist regularly employed. At the Post-Graduate Hospital, in the same city, graduates of the school may come in for a six months' course of training in anæsthesia. We earnestly hope that we may soon hear that some one of the large hospitals has established a course open to all nurses who wish to take it, and who have had the proper previous training.

INFANTILE PARALYSIS WITH SPECIAL REFERENCE TO NURSING *

By EDWARD ANTOINE RICH, M.A., M.D.,
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ENOUGH has been written of late regarding the pathology and infectious nature of infantile paralysis to make it unnecessary for me to enter upon those phases of a disease which has recently been demanding so much attention at the hands of the medical profession and those allied with it. Suffice it to say in brief that it is now generally conceded that poliomyelitis is an acute infectious disease caused by a micro-organism of ultramicroscopic size, which gains access to the cerebro-spinal chambers by way of the mucous membranes of the nose and throat. When once this organism establishes itself in the central nervous structures it predilects a particular field for its activity—the grey matter, more especially the anterior horns; hence, “anterior poliomyelitis,” which, interpreted, signifies an inflammation of the anterior horns of the grey matter of the spinal cord. It happens that in these horns, at the particular place affected, there are located nerve-cells, from which extend axis cylinders which unite with other structure like to themselves and compose, when outside the cord, the nerves of motion. The inflammatory changes incident to infantile paralysis cause a crowding of the nerve-cells and subsequent destruction of the cell, if the pressure is not removed in a very short time. Destruction of the cell, of course, means loss of function in the nerve it nutritionally supplies and a paralysis of the muscle that depends upon that nerve for its nerve impulses.

Before taking up the rôle of the nurse in this disease let me call your attention, for a moment, to the underlying principles of treatment in the various stages of infantile paralysis. There are three distinct stages to be reckoned with, namely, the acute, the subacute, and the chronic stage. Dr. Lovett and Dr. Richardson, both of Boston, and both eminent as authorities in the disease, have insisted that a rational line of treatment in these distinct stages was imperative. They have insisted that any further disturbance of the brain and spinal centres in the acute stage, any expenditure of inherent energy, only prevented

* Read before the Pierce County Graduate Nurses' Association, September, 1910.

Nature from doing her work of removing the inflammatory condition which was causing pressure on the nerve cell. Consequently, there is great uniformity of opinion in the management of the first stage. All agree that quiet and rest are indispensable in the early treatment. In this regard REST should be emblazoned in big, black letters as soon as the diagnosis is made. Physician and nurse should bend every effort to secure for the patient this one requirement. For it is a fact that the less trauma that comes from the outside the less will be the repair that will be necessary within, and, consequently, the less will be the resulting paralysis. Not a voluntary movement should be allowed. In children, restraining sheets are used, while sand-bags are placed alongside the head and body to prevent lateral motion. Some advise keeping the patients constantly on their backs, to keep the spinal tracts free from draughts, but others allow the patient freedom to turn, or be turned over, part of the time on their sides. Undoubtedly many of the bad results in the remaining palsies are positively traceable to the lack of observance of this rule, the child in his delirium and fever being allowed to toss and turn and wriggle to his heart's content, expending his energy in useless activities at the very time he most needs those activities and energies for the repair of a vital part. Hohman, of Munich, has carried the treatment of this stage one step further, and has applied plaster-of-Paris body casts to every child suffering from poliomyelitis just as soon as the diagnosis is made. This treatment is still too heroic for general adoption in this country, but where I have applied it I am sure that I have been amply rewarded for my trouble. It is not only folly but almost criminal to use massage, electricity, heat, or any form of irritation during the stage that is accompanied with great pain, fever, delirium, and severe illness, for reasons that are most evident from what has preceded.

After the subsidence of the acute stage, the question arises as to the treatment during the months of recovery and repair. I regret that the medical profession has itself to blame for the drift of these cases to the irregular sects found in our cities who will "do something" for them. We are all guilty of lack of patience and constancy with our paralytics. It is true that any amount of attention applied externally to the palsied legs will not bring life back to the dead nerve. This should be made clear to the patient or his parent, and the fact explained that treatment is necessary solely to keep up the nutrition in the limb and prevent the same from wasting away during two or three years while some of the nerves are regaining function. In Boston hospitals all therapeutic measures have been exhaustively used and results tabu-

lated. At the present time *light and heat combined with massage* seem to be productive of the best results in keeping up this tone. Faithfully and valiantly, for two years, these children must be given electric-light baths and massage every second day.

The third stage of infantile paralysis begins at about the end of the second year, or when all repair has stopped and the case remains stationary. This stage belongs to the orthopædic surgeon, who, with wonderful fidelity to his work, has overcome most of the difficulties which once stood in his way. Vulpius, Hoffa and Lange in Europe, Taylor, Bradford and Lovett, Whitman, Willard, and hundreds of others on this continent, as well as abroad, have added their contributions, until now it can be truly said that every deformity due to the paralytic blight can be remedied, except the absolute "dangle leg."

With this understanding of the classification of the stages of the disease and the treatment therefor, let us look to the aspects more interesting, particularly to the professional nurse. From what has been said regarding the necessities of the first stage, it is evident that the nurse has responsibilities in observing and enforcing the needed rest. It is well, if possible, to exclude every person from the patient's presence. The members of the family are sometimes necessary to control very small children, but often even the very small will yield more graciously to the kindness of the stranger, if tactfully approached. If, however, it is necessary to elicit the services of the mother, or some member of the family, the nurse must take the pains to explain the urgency of quiet and rest to the household member. Very likely she will make a good pupil when intelligently taught. Company and callers—usual abominations—must positively be forbidden entrance to the sick-room. Talking must be in low tones. Noisy, rustling skirts should be replaced by noiseless ones. All of one's training in "doing something" must be laid aside, and an effort made to try to "do nothing" in this class of work. There will, of course, be the necessary duties to perform, the care of the bed, and the excretions, etc., but all of the thousand and one things that make the trained nurse a blessing in the sick-room must be left undone for the instant. It probably is harder work to sit beside the bed and restrain the struggling limbs than it would be to attempt to alleviate by bathing, activities, or conversation, but the harder task must be performed. Besides reducing the external exciting influences to the minimum, the internal excitants must be minimized. Food and drugs that gripe and are apt to distress are to be tabooed. If rectal enemas irritate, they are discontinued after the first flushing. If, in the case of a child, the doctor's visit is a source of anticipated annoyance,

the nurse will have to prepare for those visits, as she tactfully can do, by occasional reference to the good doctor "who will make you better," or by other means. The object of dread, be it of any nature, intrinsic or extrinsic, must be removed.

The second great duty of the nurse is to provide means for enforcing rest for the patient's body and limbs. Sand-bags must be made of the proper length and sufficient diameter to limit the motion of the legs and arms. The family does not know what a sand-bag is in the medical sense of the term, and if told to construct one they are totally at sea. I claim it is the nurse's duty to personally construct these bags; the family has other things of importance to do; besides, it is paying good money to the nurse for that very thing. I have been very much irritated when returning the day after I had ordered the sand-bags to find the nurse unsupplied and stating that "the members of the family had not had the time to provide them." The restraining sheets must be made and properly applied, with an abundance of safety pins anchoring the same down to the mattress. Each case is one unto itself and each must be looked at from the view-point of attaining fixation and enforced rest, rather than as an object of applying any particular and specific form of appliance. The cases present opportunities for the display of the nurse's ingenuity.

During the second and third stages of infantile paralysis the nurse is not generally in attendance. Those well-to-do can provide attendance profitably. Without much difficulty the nurse can be instructed in the administration of massage, which must be of a certain character, efficient enough to stimulate, and mild enough not to do harm. The physician recognizes that the happy mean must be found and not passed. In handling the subacute and chronic stages, the key-note of treatment, be it at the hands of the physician or the nurse, should be constant watchfulness to prevent the deformities which inevitably follow. Nowhere is it more true that an ounce of prevention is better than a pound of cure. Any orthopædic surgeon can produce a better functioning limb where he has only to contend with the paralytic deficiency, than where he has, added to this deficiency, a deformity to correct as well. So when the foot turns out or in, or the knee bows or knocks, or when any deviation from the normal shows up, the nurse must make the fact known and have the attending physician supply the brace to correct the developing deformity.

Just a word in conclusion regarding the all-important matter of the infectious nature of the disease and prophylaxis when nursing the cases. The fact that many physicians and nurses have recently lost

their lives from infantile paralysis, contracted while in attendance upon cases suffering from the disease, makes it imperative that all that is known relative to these matters be known to you. At the present time poliomyelitis is considered infectious. All state boards have assumed the attitude that it should be reported and quarantined by cards stating that a case exists in the house. It is known that the infectious organism responsible for the malady gains access to the spinal centres through the nasal and buccal mucous membranes. It is thought that the organisms find their exits through the same channels, consequently care must be exercised to prevent infection from handling the discharges from these parts. Dr. Richardson, of Boston, believes that the two fatal cases in his own home were acquired by his children kissing a neighbor's sick child. I will not have to caution nurses about this danger. *When infantile paralysis is treated as infectious as diphtheria there will be fewer nurses infected;* and the sooner all who come in contact with the disease assume the infectious character of it, the better it will be. The nurse with abrasions on the lips, in the nose, or having even the slightest inflammations of the throat, has no business whatever in proximity to the infection. Finally, the more one sees of the disasters in the wake of infantile paralysis, the paralytic curvatures of the spine, the withered and blighted legs and arms, and the well-nigh useless humanity that sometimes remains of the disease-tossed wreckage, the more fear and respect one will have for this most fearful of adolescent infections.

THE NURSING CARE OF PNEUMONIA

By LENA STEUER,

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THE nurse in assuming her duties should have in mind at least a general synopsis of the nursing care of the case at hand. One that would quite thoroughly cover a case of pneumonia is: Preparations: the patient, sick-room, daily care, hydrotherapy measures. Care: nourishment, medications, emergency treatments. Crisis. Convalescence. Relapse. Complications: pleurisy, endocarditis, myocarditis, pericarditis.

PREPARATIONS.—*The Patient.*—The two principal things in the treatment of pneumonia are the saving of the patient's strength to combat the disease, and avoiding all unnecessary exertion, especially any sudden movement which might cause acute dilatation of the heart.

Therefore, the patient should at once be made as quiet and comfortable as possible. Before starting to prepare the sick-room, the things used for and on the patient should be gathered and kept in easy reach, such as gowns, linen, and all utensils.

Sick-room.—It is very important in preparing the sick-room that the nurse use tact and discretion, for it is not well to upset the home nor have the patient disturbed by too much rearrangement. She must bear in mind the things which will help to establish a rapid convalescence and give the most comfort with the least exertion. The room should be quiet, light, and well ventilated; and the air must be pure and moist if possible. The bed should be hard and cool, with a good spring, and coverings that are light and warm. The pillows should number according to the patient's comfort and the doctor's judgment, for much depends on the condition of the heart. A small pillow for the knees and one under the head will give comfort. As the patient generally lies on the affected side, causing the hip to become numb as well as painful, a pillow at his back will support and give comfort. The nightgown should be made of flannel, as the temperature of the room should be 60° to 70°, and the coverings light.

Pneumonia being an infection of the air-passages moist air is most beneficial. This may be had by either attaching a rubber tube to the spout of a tea-kettle, filled with boiling water, and bringing it to the bedside, or by having a small alcohol lamp burning underneath a dish, containing creosote or some medicated solution as pine-needle oil. Inhalations are also soothing to the irritated mucous membrane of the throat. For this an old pitcher and a cone made of newspaper will reach to the patient's mouth and nose and save exertion. The windows in the room may be covered with towels or cheese-cloth, thus not only sifting out the dirt, but protecting the patient from draughts. Screens may be used to good advantage for this same purpose. A sputum cup with a solution of 1-20 carbolic is a good preventive for spreading diseases. A few flowers are very cheering, and growing plants are very beneficial to the patient. An orderly room is not only restful to the patient but to the doctor and the nurse.

CARE.—Bedside Notes.—From the first, the nurse should keep an accurate account of temperature, pulse, respirations, of all medicines given, nourishment and water intake, number and character of stools, the color and amount of each urination, and also the total for the twenty-four hours, any distention of the bladder or abdomen, where and how often pains occur, duration of chills, number of baths given and if well taken, character of the cough, the color and appearance as well as the

amount of sputum, amount of sleep and rest the patient has had, and all the treatments given.

Daily Care.—When the patient awakens in the morning the hands and face should be washed and the hair brushed back. If it is long, it is best to wait until after the cleansing bath to comb it. Cleanse mouth and teeth with a 1-4 H_2O_2 solution, or a 1-8 Listerine solution. It is very important that special care be given to the mouth and gums, cleansing them after each feeding. Straighten the bedclothes and serve nourishment.

All orders for medicine and treatment must be carried out as the doctor instructs, and in a uniform way best suited to the individuality of the patient. An hour after nourishment, a cleansing bath is given at a temperature of about 85° or 90°, whichever is more comfortable for the patient. At this time attention must be given to the changing of the bed linen and gown. The turning of the patient must be as little as possible. It should not be necessary to mention that the nurse should have everything in readiness before starting to give the bath, not only the necessary articles for the bath, but hot water bag filled, the ice cap refilled with very finely cracked ice, or, if a mustard plaster is ordered, this should be ready and when administered care must be taken not to blister. Cold applications for old age and children are often distressing. Heat is best used in these cases.

The paroxysms of coughing are usually painful. During these spells the patient's head should be held, turned, or lifted so as to help to raise the rusty colored sputum. Medicine should be measured and if it is a hypodermic the needle should be sterilized and wrapped in cotton saturated with alcohol. There should be at hand cold cream for herpes, alboline for the nose, alcohol and powder for a general rub which should be given after each bath. An alcohol rub, while soothing, is also a preventive of bed-sores. It is well to offer a bed-pan at this time as, on account of the illness, the patient may not feel the need of it. After the bath is finished, the hair should be combed and the nails cleaned. If the patient is quiet, the room should be put in order without raising dust or making any noise.

The nurse must be ever watchful to give all the little attentions that gain the patient's perfect confidence and rest of mind, which is so conducive to an early convalescence. All through the illness the patient will exercise many peculiarities and these must not be overlooked; an endeavor should be made to relieve all worry or excitement, to induce sleep and rest. Visitors must be limited, explaining to family and friends that absolute quiet is essential. This must be done without alarming or offending the family, thus avoiding much trouble.

Hydrotherapy Measures.—The bath is very essential for the elimination of poisons through the skin and affords considerable comfort to the patient. The drinking of water also helps this elimination of poisons and increases the urine which, on account of increased acidity, is high in color and scanty.

CARE.—Nourishments.—Water and nourishments should be urged. Nourishment is best given in liquid form and at fixed intervals. Great care must be taken in their preparation and in the serving to make them appeal to the patient.

Medications.—The nurse must know the effects of the different medicines ordered and should be ever watchful for the toxic symptoms of an over-dose of the two drugs most frequently used. When too much *Spiritus Frumenti* has been given, the breath will smell of alcohol, the face will be flushed, and if not watched may put a patient in a semi-conscious condition. Strychnine, given in large doses, may cause the patient to become toxic, to complain of vertigo, the pupils will contract, and the muscles twitch. These symptoms, of course, must be reported at once to the attending physician.

Emergency Treatments.—Oxygen may be at hand, while in many instances the doctor may be deterred from ordering it early in the case on account of its cost. However, the nurse must be quick to see the patient's need of it and have everything in readiness for its prompt administration by funnel or mask. She must watch for any cyanosis or more marked dyspnoea. To have saline solution in readiness is very important and the nurse must not be caught unawares, as its proper preparation takes three days.

CRISIS.—The crisis may come at any time between the third and tenth day and is determined by a decided change in the patient's condition. There will be a decided drop in the temperature and the patient undoubtedly will be in a warm perspiration. So it is well to have a change of clothing in readiness.

I recall a case of a young girl of eighteen years who, on the ninth day, seemed more uncomfortable than at any time during her illness. A sponge bath seemed a disagreeable thought on account of the intense pain in her side and head, and was therefore omitted. An alcohol rub proved very soothing. After rubbing the whole body, the patient was turned on her left side and her back was rubbed for ten minutes, and after many attentions to make her comfortable in about one-half hour she fell asleep. This particular evening the urine record was much higher. Her temperature at 8 P.M. was 103.6°, pulse 110, respiration 32. After sleeping two hours she awakened feeling much better and in a warm perspiration. A warm sponge was rapidly given and the damp

clothes changed. Her appearance had changed decidedly, and she seemed more comfortable. At midnight her temperature had dropped to 99.6°, pulse, 92, respiration 26. She was very hungry and ate a bowl of milk toast.

CONVALESCENCE.—Convalescence is generally very rapid, but the patient must be kept quiet so as to build up strength and avoid complications. In the above-mentioned case, the patient was kept very quiet for ten days. At the end of fourteen days she was allowed to have a back rest and a full tray. During this convalescence there was no irregular fever or rise in temperature nor at any time a feeble pulse or dyspnoea. About the second week she complained of pain in the shoulder and left arm. However, these left soon after hot stupes had been applied. There were no signs of delayed resolution. Convalescence was complete in three weeks.

RELAPSE.—A relapse may come at any time after the crisis, as late as the eighth or ninth day. The symptoms would be chills and fever, as in pneumonia, and the care would be the same.

COMPLICATIONS.—As complications may come at any time, a very close watch of pulse and temperature should be kept during the disease, being taken every four hours at least. Baths may be changed, if the doctor permits, from q. 4 h. to b.i.d.

THE ADMINISTRATION OF A SMALL HOSPITAL

By A. E. B.

ITS TRIALS AND TRIBULATIONS

IN the administration of a small hospital, much depends on where it is located. Having had charge of a hospital in a town of forty thousand, in a large city, and in a small town, with poor railroad facilities, poor trolley service, I would say that the smaller the hospital and town, the greater the trials and tribulations, and especially is this true if it is a new hospital, among people who know little or nothing about hospitals. The task of educating a community to the needs and necessities of the hospital, of combating its indifference, and of convincing it that it is not a source of revenue, is far from an easy one.

In the large hospital, the public is considered; in the small hospital, in the small town, the individual must be considered. The superintendent must not only be nice to the patients, but exceedingly so to their friends. One disgruntled person can make a world of trouble.

The need of economy, from my own experience, is greater in the small hospital than in the larger one. If there is no operating-room fee, no charge for dressings or plaster casts, if fifteen dollars a week is the highest price for private rooms, and 90 per cent. of the ward patients are free, the effort to live within one's means is truly herculean.

To be superintendent sounds nice, looks nice, but the superintendent of the small hospital must also be clerk, often operating-room nurse, directress of nurses, sometimes floor nurse, housekeeper, seamstress, sometimes cook and engineer. Will some one please tell us why more is expected of a woman superintendent than a man?

The question of help, everywhere a serious problem, here is a most serious one; it is not only the scarcity, but often nurses and help room on the same floor and, rules or no rules, a certain amount of intimacy is unavoidable. The nearness to the patients, the close contact with all those connected with the institution, and the knowledge of almost everything that takes place, all have to be considered.

The greatest problem with us has been the nursing question. Being a new hospital, graduates were engaged for the first three or four months. An article in one of our magazines stated that to have nursing done entirely by graduates would be ideal. We wonder if the writer has tried it. Graduates for general duty with only one or two pupil nurses is not a good combination, and after a year's trial, with many changes of both graduates and pupils, we abandoned the idea of a training school. Then graduates and attendants were tried, and proved a woful failure; both considered themselves exempt from rules. What was to be done? In our opinion, the only solution was a training school, pupil nurses under discipline, with a graduate in charge, but for the beginning we needed a number of graduates, and to secure and keep pupil nurses in a small hospital far from a city or town of any size, there must be unusual inducement, the only one we could offer was a monetary one, which means a great increase in the expenses, still we are trying it, starting with a class of seven, and trusting the worst of our troubles are over.

Then there may be the question of light and water. Think of having to be economical with water in a hospital! but where it has to be hauled in barrels during three months in the year, for every purpose, and during the other nine for drinking, cooking, and washing, that is what has to be.

The question of light may be a trial if the hospital is located where there is only one lighting system, that of electricity, which has the habit of going off at midnight. Lamps like those of the virgins in the parable must always be trimmed and in readiness.

These are some of the trials and tribulations.

AMUSEMENT OF CONVALESCENT CHILDREN *

By BERTHA E. MERRILL, R.N.

Graduate of the Northwestern Hospital, Minneapolis

IN private nursing there are so many things to be learned that cannot be found in any text-book, that never were taught in any training school, and that can be learned only in that hard school from which one never graduates—experience. I have merely written down a few of the things I have learned in that school and found helpful, hoping that among these there may be some points beneficial to some of you who have not spent as many years in the sick-room as I have.

If our duties were entirely confined to bodily care, it would not be such a difficult matter to give baths, or ice packs, or to irrigate wounds, or to perform any of those tangible duties which our training has taught us to do skilfully and easily. We can answer the call to such a patient with confidence in our ability to meet the exigencies of the case. But what makes us quake and dread the start, is a call where the duties are vague and intangible, and the demands upon the nurse not according to any rule or precedent. In no other phase of our work is it more necessary to have ability and accomplishments along other lines, and to have the "wonderful resource and sagacity" Kipling tells of, than in the care of sick children. From the time they are old enough to talk and be talked to until they are—well, sometimes until they are grandparents—it requires much skill and patience to amuse them as they travel that tedious road we call convalescence.

Of course the fundamental reason of our presence with the child is to care for the body, but our duties by no means end there, for to cure the body in the quickest and best way is to keep the mind contented and occupied. I am not speaking of the desperately sick child of course, but one strong enough to be amused though confined to bed or perhaps only the room, for I have spent many weeks with children in quarantine, when they were able to be about the room some time before the quarantine was raised, and you probably have had like experiences. On such cases, your capacity as a story-teller, an artist, and an actor will surely be tested, and your audience will judge you, though not at all critically, and very partially. You may understand the funda-

* Read before the Hennepin County Registered Nurses' Association, January 11, 1911.

mentals of anatomy and the elements of chemistry and be able to tell all about the period of incubation and desquamation and the etiology of the case, but your ten-year-old boy will have much more admiration for you if you can tell how Ethan Allen captured Ticonderoga and what happened to Robert Fulton on his trial trip up the Hudson.

In caring for children, sick or well, one needs to exercise a vivid imagination. The average child is about four-fifths imagination and the other fifth motion (or you may reverse the ratio), and you must be able to encourage and understand these flights of fancy if you are to be a real companion to the child. Then, too, you will find you can use this lively imagination to bring about desired ends. Some little strategy in dealing with disagreeable tasks or nauseous medicines will accomplish wonders when commands or coaxings may fail. I remember one little girl whose daily cross was the combing of her long, fine, tangly hair. One day I happily hit upon the scheme of giving each tangle a name and making some remark to it, usually a reprimand or some duty to perform at some distant place. We had the whole family from Grandfather Tangle to small Tommy, who appeared many times and had to be sent away each time to finish his task. When I had finished, my little patient remarked regretfully, "Can't you find any more?" Thereafter the hair combing was dreaded by neither patient nor nurse. In one of the late magazines I found the following: "One of the best ways to get at a child and make him do what you wish done is through his dramatic instinct. I have yet to see the child who does not love to act a part. If the mother herself can enter into the play, using animals, inanimate objects, or imaginary characters as assistants, she can often make the child carry out her wishes before he realizes that he is being obedient." Those are excellent suggestions which we can easily adapt to our own needs.

When amusing young children, say those five years old or younger, if you are at all familiar with any of the kindergarten methods, you will find great help there. The arranging of bright colored papers, stringing of beads, modelling clay, and tracing cards are all very amusing. Materials for these things can be purchased at any of the children's stores for a small amount. The building of fences, houses, and barns can be accomplished by the use of toothpicks and dried peas soaked in water. This makes a pleasing variety and is easily handled by the child in bed.

With young children, your fund of stories usually need not be a very large one, but your ability to repeat, and repeat, and repeat, and never forget how you told it before, will surely be tested. I have worn

threadbare many times the story of the Three Little Pigs, Goldenlocks, Little Red Riding Hood, and kindred literature, only to find that no matter how tiresome I found it, my little listener was as interested as the first time she heard it. Blowing soap bubbles is another way I have amused children. Unless the child is quite strong I have to do most of the blowing, but using an old flannel blanket for the bubbles to light and roll upon, adds to the safety and attractiveness of the game. The modern puzzle picture is very fascinating to children of all ages: the simpler ones for the young children, and the jig-saw puzzles for the older ones. The only difficulty is that they are rather expensive, and after they have been put together a few times they lose their charm. A good substitute is to have a picture, with which the child is not familiar, pasted over card-board and then cut into various irregular shapes.

One of the first and most resourceful sets of articles of amusement I use and one that fits a variety of ages, is an illustrated magazine, a pair of scissors, and a bottle of mucilage. Add to these a box of water-colors, and the amount of pleasure gained and the games that can be played are legion. No matter what the child's taste or temperament, many pleasant hours can be spent with this combination of tools. We usually have one section of the room decorated with pictures of people of interest or note, another place with colored prints, another with pictures of trees or flowers or birds, or whatever may appeal to this particular child. Another use of these articles is to make and furnish a house. This I do by taking large pieces of card-board. If I cannot get a large enough piece, I paste two together with a strip of cloth. We usually take one piece of card-board for each room of our house, and to make it more realistic, cover the card-board with appropriate wall paper. Then we cut out pictures of furniture and articles of apparel and paste in their proper places. For instance, the high grade furniture and fine pictures are arranged in order upon the card-board we are transforming into a parlor. Bookcases, a fire-place, and easy chairs are arranged in our library; and the cupboard, range and ice box, with all perquisites, require much time and attention. Let the child use his own taste about the arrangements. These plans, with variations and improvements, which the quick imagination of the child will suggest, such perhaps as creating a family and then wardrobes, will make many hours pass pleasantly for the little prisoner. Making a circus was done on the same plan. A large card-board was used and we found a ring master, a clown, and a trick dog for the centre. In a circle around, we pasted faces one above another, which represented the crowds witness-

ing the performance. Around the edge of the card-board we placed the wild animals, usually only parts of animals (but one must not be too particular), over which we pasted very narrow strips of black paper to represent the bars of the cages. Of course we had the circus parade with the elephants and horseback riders in advance, and an improvised calliope bringing up the rear. I have also made scrap-books by using bright colored book muslin or cheap cambric, stitching the leaves together at the back. Two or three of these can be made, each having its own special use. During one long tedious quarantine, we were told that the walls of the room were to be redecorated as soon as we were out. My patient was able to walk about the room, and she spent many happy hours pasting and arranging pictures on the wall paper. I presume most of the attractiveness of the task was the fact that it was usually forbidden. So much for pictures and paste.

A box of water-colors adds much to many different games, and many schemes will reveal themselves as you use the brush. It will add to the attractiveness of the paper doll wardrobes, including all the sisters and the cousins and the aunts, and is a pleasant task for little fingers. For little girls, it is well to spend some time in sewing. Fancy work and making doll clothes are usually enjoyed—and I hope the rest of you who have to care for little girls do not find the making of dolls' wardrobes as irksome as I do.

Most children are interested and quite adept at games. If they do not already know, they can easily learn dominoes, checkers, or parchesi. I have found a powerful ally in parchesi. Children usually have some games of their own they are interested in and eager to teach to others. I have often played imaginary "I spy," in which we took turns at imagining ourselves in some impossible place and the other would ask questions until able to guess where. This is an excellent twilight game.

It is usually harder to keep a boy interested in bedside games than a girl. He is apt to be more restless and impatient at being confined. Story telling is a great asset in trying to amuse him. If your fund of stories is rather low, let me warn you, if you are going to care for sick children, you had better practise the story telling art. Boys usually like stories of adventure and history, even if they care for none other. I am afraid my stock of adventurous stories is rather limited, but I have quite a supply of historical incidents I find helpful. Stories of colonial and revolutionary times and Civil War stories are instructive and usually enjoyed. The story of the Pilgrim Fathers, Captain John Smith, Israel Putnam, and their contemporaries are always appreciated, providing my patient cannot tell them better than I can.

Let me make a suggestion: If you want some good stories, especially for boys, that include history, adventure, and the teaching of high principles, read up some of your Bible stories and add to your repertory. All modern fiction cannot produce stories so thrilling, nor can your imagination conjure one as wonderful. For instance, show the boy in his geography the map of western Asia and the relative situation of Jerusalem and Babylon. Describe the cities, the temple at Jerusalem, and the hanging gardens of Babylon, and tell of the captivity of the tribes of Judea by the Assyrians. Tell how the boy Daniel, who was taken a captive from Jerusalem, was shown special favor but refused to eat the meat or drink the wine from the king's table because he purposed in his heart that he would not defile himself, and how he distinguished himself by his fidelity to his ancestral faith. Then tell of the changeless laws of the Medes and the Persians. (If you have forgotten, you will find it all in your ancient histories.) How Daniel defied one of those laws and how the reluctant king was obliged, according to the law that altereth not, to have Daniel cast into the den of lions. Then tell how the king passed the night; enlarge upon it if you like, and repeat the conversation between the captive and the king the next morning, and you will have the most uneasy boy interested and will be sowing seeds of courage and strict adherence to principles as well, and I doubt not but he will try to be a Daniel the next time you have a hard or disagreeable task for him.

Another story boys always like is the story of Joseph, from the time he was sent forth into the fields to see whether it be well with his brethren, through his brothers' treachery, his slavery, imprisonment, through the incidents which lead to kingly favor and governorship of the land of Egypt. And when you describe the scenes where his brothers came down to buy corn of him and knew him not, you will have a breathless audience if you can tell it anywhere nearly as well as it is told in Genesis. There are any amount of stories in the Old Testament of adventure and war that will interest boys and instruct them. I only referred to these as an illustration. Incidentally, you may be instilling a desire for Biblical knowledge in the young mind.

For a child old enough to be read to, there is no end of books. Usually he has many in his own library that he is anxious to hear, or there is some class of books he prefers. The Wizard of Oz is a universal favorite. Some one has called it the "Dickens of children's literature," and nine out of ten children will mention it as a favorite. I have found that "Hiawatha" appeals to even quite small children, probably owing more to the peculiar rhythm than to an understanding of the wonderful

exploits. "Rip Van Winkle" is easy to read and much appreciated. Kipling's *Jungle Book* and "Just So" stories, Kate Douglas Wiggin, Laura Richards, Annie Johnston, Joel Chandler Harris, and many others furnish us good children's stories. Louisa Alcott's stories frequently have such a pathetic strain that they are too much for the little hearts. The same reason usually bars Ernest Seton Thomson's stories, too.

Finding stories to read aloud is usually an easy task; one of the easiest in the care of children. It is the games and the schemes and the flights of fancy that are constantly demanded of you that make you so weary and exhausted when night comes. But it is a wholesome weariness and you, too, have gained from the day's experience. It is a privilege to be able to come into close touch with the refreshing nature of a wholesome child, and when you have spent some weeks with one of the little ones, you will find that the child is not the only one who has derived benefit from the companionship.

NURSING IN NERVOUS DISEASES

SECOND PAPER

SOME SPECIAL PHASES

By PEARCE BAILEY, M.D.,

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It is commonly said that the care of nervous patients is a very exacting business, that nurses are so tried and worried by the vagaries of their charges that they, too, soon become upset and nervous and are only too glad to seek some other means to employ their energy. This is only partly true. It is true if a nurse enters into sympathetic relations with neurotic people and is with them constantly, she may give out more of her own energy than she can afford to. But this need not happen; for if a nurse in this branch of her profession exercises the same system, the same objectivity, the same impersonal tone as she does in other diseases, she will find that nursing here is no more trying than elsewhere; in fact, my experience is that well trained nurses in nervous diseases are healthier and less neurotic than others. And, once the trick how to get along with nervous patients is learned, nurses will soon be repaid for what they give out by what they gain, for these patients are apt to be extremely intelligent, of varied interests, and of that charm which commonly goes with the name of the artistic temperament.

Inasmuch as physicians have divided nervous diseases into two classes, it is necessary for the nurse to think of them, for a moment, from that point of view. These two classes are organic and functional; the organic including those definite physical diseases which attack and often destroy the structure of the nervous system itself; the functional being those disorders in which the nervous system remains intact, *i.e.*, the machine is all there, although not in perfect order; it needs adjustment or oiling or proper direction.

Now, the organic diseases, while they have certain characteristics of their own, do not as a class require any special knowledge from the nurse which is not obtained from a general training. There are, however, even in the diseases of the nervous system, certain facts that she should be on the alert for and which require some special technical knowledge on her part. The acute infections of the nervous system are chiefly meningitis and poliomyelitis. In both of these, the question of isolation will come up, as both are infectious diseases, although we are not in a position to say how the infection occurs. It is quite probable that it occurs through the nose, so careful antiseptic washings of the nose in both meningitis and anterior poliomyelitis is necessary. Anterior poliomyelitis, or infantile paralysis, is every day becoming a more important disease, and it is quite possible that nurses would be the first to recognize it. You will remember that the beginning symptoms are usually slight fever, some prostration, and some symptoms referable to the stomach or bowels. These symptoms in young children at the time of an epidemic of poliomyelitis should be watched by a nurse with great care, and the first advent of anything like pain in the spine or paralysis of an extremity should at once catch her attention and cause her to report it. Both of these diseases should be reported to the Board of Health. Some of the acute infectious diseases of the nervous system are secondary to infections elsewhere. Almost any of the fevers may give rise to meningitis. It is quite a common sequel of the grippe. You may remember that the most important symptoms of meningitis are pain in the head and stiffness in the back of the neck. Meningitis may also result from chronic suppurations of the ear, but a more common result of this ear trouble is a brain abscess. In caring for cases of suppurative ear disease, therefore, be on the alert for such symptoms as headache, pain or stiffness in the back of the neck, and restlessness and fever.

In the sphere of functional diseases, in those disorders which are due to a variety of causes but which show themselves chiefly in changes in personal character, idiosyncrasies, in fluctuations of mood, in all those various psychic manifestations which hover in the borderland

between health and insanity, there is required from the nurse a certain technical skill with which some people are born, but which all people can learn by experience, and it is for these disorders especially that experience in wards and personal contact with patients extending over a number of months, is absolutely necessary, if the nurse is to be successful in this particular vocation.

I cannot give you the whole category of these symptoms, but I can mention some. Fear is a most important one. Starting away back, even sometimes in infancy, perhaps from some fright that the patient himself has forgotten, or from some commotion in later years which is still held in memory, the patients are fearful, sometimes in regard to certain things only, sometimes live in a state of terror lest something is going to happen to them, most frequently something connected with their personal health.

Depression is another common symptom, showing itself as a moodiness and discouragement, possibly traceable to some physical cause or as a continued tone of downheartedness. Closely allied to this is introspection, in which the limelight is kept turned on the patient's own symptoms. Along with these are exaggeration, excitability, irritability, changeableness, and similar demonstrations which are present in all of us, but which may reach such a degree as to constitute disease. None of these symptoms that I have mentioned are accessible to drugs. Bromides or other narcotics may dull them, but they do not cure them; and even physical remedies, such as exercise, baths, etc., may fail in their treatment. They are most amenable to mental influences such as the physician can exercise, and such as the nurse, who is the constant companion of the patient, can exercise in a more continuous degree.

With such symptoms, therefore, the nurse must hold herself ready to calm, to cheer, to soothe, and to encourage. Constant reassurance may do away with fear, and it also proves to the patient that what he dreads is not going to happen. Depression can often be cleared up by a pleasing personality, but still more by the various means of diversion and distraction of the attention that are furnished by occupations, especially by those occupations which make use of the fingers.

The same methods are to be used to combat introspection. The more versatile the nurse is in expedients, the more quickly she can adapt herself to make use of the various devices to distract the patient's thoughts, the more valuable she will become in the treatment of these cases, the more satisfaction she will get herself from the cures effected largely through her means. To do this, she must, first of all, gain the confidence of the person entrusted to her, and this she can only do by

firmness, by regularity in all that pertains to him, by personal dignity which permits no familiarity whatsoever with him, and by the suppression of all talk about disease.

She has another function quite as important as the therapeutic function I have just mentioned; to observe things that the physician by reason of the infrequency of his presence, cannot observe himself.

Such observations to be valuable must be put in a definite and objective way. State facts and not conclusions. In the wards of a general hospital, one frequently sees on the bedside notes, "Patient is hysterical," "Patient is sleepless," and similar statements, which are, if not useless, much less useful than they ought to be. It is not for you to say whether a patient is hysterical or not; sometimes, the wisest doctor in the land is unable to make such a statement. Instead of that, you should say in what way the patient conducted himself. If by hysterical you mean that he shrieked or wept or threw himself out of bed, say so. If by sleepless, you mean that he did not go to sleep until late and then slept soundly, or that he went to sleep early in the evening and awoke early in the morning, or that he slept at intervals throughout the night, waking up every little while, say so definitely, and also what circumstances were present which might be taken into account in considering the causes of the insomnia.

The symptoms which require objective observation on the part of the nurse and for which the doctor must absolutely rely for help, are extremely numerous. I mentioned insomnia. Pain is another symptom of which the physician himself is rarely able to gauge the extent and reality. Objective observation by the nurse as to the effect the pain has upon the patient's conduct and appetite, upon his sleep, may often help clear up a knotty diagnosis. Pain is, after all, a sensation, can neither be measured, seen, or felt by others. Our only means of judging it is by the effect it has on the individual. Varying with these effects, we may be sure that the pain is real, and that the patient suffers, or that the pain is imaginary, or else grossly exaggerated, and the sooner this effect is brought home to the patient, the sooner he will be well.

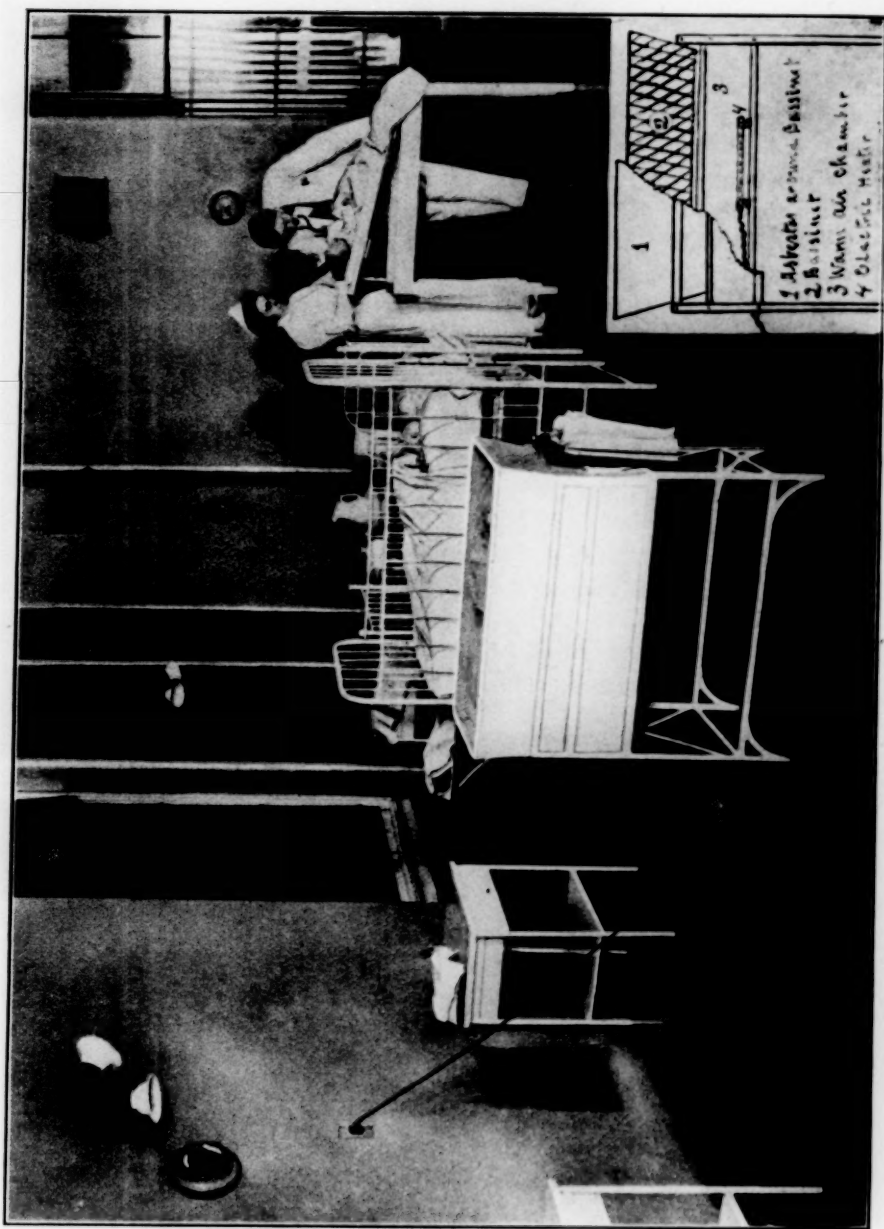
In another lecture, you will have heard about the necessity of objective nursing in convulsions. I will not go into the subject here, but simply remind you that this is the best example of all in which a nurse can be of extreme service to the physician.

In addition to these more or less material symptoms, I wish to urge upon you to use your objective faculties more in taking account of certain mental characteristics, so that you may report in an intelligent, useful way on abnormalities in the mental sphere. If you think the

patient's memory is poor, don't say so, but cite examples to show how it is poor. Does he remember old events and not recent ones? Does he remember certain things and not others? It is the same way with association of ideas. You will note that certain patients are excited by a certain set of ideas, for example, fear may be limited to some certain object, such as a cat. Others become excited and upset by the mere approach of some sexual topic; others by some past misfortune in their lives. Note these things not as conclusions, but as facts. Silence is often an ominous symptom. It is golden we know, but, at the same time, a patient who sits in a ward all the day through, repelling advances, answering in monosyllables, or not at all, is probably suffering from some mental disturbance, which, for his own welfare and that of those who look after him, should be determined. This silence may be the result of suspicion, in that he fears that injury is coming to him, that he is to be poisoned, that people are coming to kill him; but it may be the result of profound depression, in that he thinks that things have gone so badly with him that there is no use talking. And in any event, with patients who are silent, try to find out what the cause of their silence is, and to see whether it is to lead them to a condition of depression or, perhaps, to some act which would prove dangerous to themselves or to others. Instead of saying the patient is delirious, state what they do in the delirium, how violent it is, and, if you can, write out what they say during their delirium. If the physician has a good report of all the words that are said by a delirious patient for twenty-four hours, he will often be able to tell from that alone the cause of the delirium and its probable outcome.

I hardly think that the few things I have mentioned as desirable in the nursing of nervous diseases are beyond the reach of any woman who is healthy, fairly intelligent, and who really has a desire to follow out what we think is the highest form of nursing. Everything that she can add to these simple qualifications will increase her efficiency. Every accession of knowledge, every advance in culture, the cultivation of any individual talents will aid her wonderfully in the prosecution of her duties.





CORNER OF CHILDREN'S WARD, SHOWING THE CRIB WARMER AND EXAMINATION TABLE.

THE CHILDREN'S WARD OF THE PRESBYTERIAN HOSPITAL, NEW YORK CITY, AND SOME OF ITS NEW ADDITIONS

By JEAN G. HAYMAN, R.N.

Graduate of the Presbyterian Hospital

THE Children's Ward of the Presbyterian Hospital is divided into two spacious rooms, connected by a large archway, one part being used for medical and the other for surgical cases. One very large window extends to the floor doing service as a door leading to the open air balcony. There are two detention rooms entirely separated from the main ward, in which to place children developing symptoms indicative of contagious diseases. The ward accommodates twenty-eight children. The cribs vary in size to suit the baby a few hours old or boys of eight and girls of ten years.

On admission to the hospital every child is received in the observation or reception ward, consisting of two small rooms connecting with a room for administration, a bath room, linen closet, and pantry. This arrangement is made so that a child showing suspicious symptoms can immediately be isolated in one of these rooms without infecting other children or preventing the admission of new patients. The child is held from one to five days in this ward, under strict observation. This allows time for a report on the cultures taken from the nose and throat of the child, and on the vaginal smears, which are taken from every female child whether or not a vaginal discharge is present.

In order to maintain "individual precautions," each child is cared for entirely in his own crib. Separate thermometers and utensils are supplied, the face basin, the buttock basin, bottle of liquid castile soap, shaker for powder, and comb, are kept in the drawer of a white enameled table that stands at the side of each crib. The bed pans are kept in a 2 per cent. solution of formaldehyde, other utensils are boiled.

On transfer to the children's ward, the same "individual precautions" are observed, except that it is found impossible to change the child in bed, because of the low temperature of the ward and the out-of-door treatment.

The attending physician visits the wards daily. The house physician makes morning rounds, as early as possible, inspecting the throats

and skins for contagious diseases. The stool examinations are made early and the feeding prescriptions made ready for the milk room by ten o'clock. The formulæ are written on small tags bearing the baby's name and date, and are inspected as carefully as medicine tickets. The changes in the feeding are based upon the result of stool inspection.

The work in the milk room or laboratory is under the direction of a trained dietitian; the making of the prescriptions, the cleansing and boiling of the nipples, the cleaning of the room and all the utensils being done by a junior nurse or a probationer, especially instructed in these points. A gown covering the uniform is worn during the preparation of the feedings. The prescriptions vary largely, dextrinized barley water, peptonized milk, Loeffluid's malt soup, all have a place on the daily list. The preparations made for the twenty-four hours are poured into sterilized feeding bottles (the exact amount for each feeding), they are then placed in the carrier already tagged, the tag with the prescription being fastened to the handle. These carriers are placed in an ice box kept for the purpose at a temperature of 40° F. As each bottle is taken out for use, a metal tag is placed about the neck for identification. The tag remains on the bottle until the feeding reaches the baby. The feeding is brought to the proper temperature by placing the bottle in a hot water bath.

All the children, when this is possible, spend part of each day on the balcony; many children spend the entire day. Since pneumonia and septic cases are treated entirely out of doors, half of the balcony is covered with a galvanized iron roof with white awnings, which keep out the direct rays of the sun in bright weather and the rain and snow of winter.

Ear examinations have become so frequent that it has been found convenient to keep a tray always ready with the usual ear instruments. Such examinations have been made much easier and more satisfactory by the use of an electric bull's-eye light (32-34 candle power) on an adjustable standard. A simple device constructed like a kitchen table, with an adjustable top (readily made by a carpenter), has proved most useful to the doctors, not only in making examinations, but in performing such operations as lumbar punctures, aspirations, etc.

A white enamel stand on castors, six feet high, is kept ready to give hypodermoclysis and similar treatments. The stand is furnished with three shelves, on the lower shelf the unsterile utensils are kept, kidney basin, jar of catgut, tube of silk, splint, adhesive plaster, and bandages; on the second shelf, the sterile bundles for

hypodermoclysis, aspirations, infusion, and solutions, glasses for the "scrub up." The top shelf is just large enough to hold two flasks of saline. The height of this top shelf can be adjusted to give the amount of pressure desired. This appliance, with the aid of the thermostat, to keep the saline constantly hot, makes it possible to prepare for any of these emergency treatments almost immediately.

The protecting screens consist of a three-leaf wire screen with two-way hinges. The screen is four feet high, each leaf three feet wide. Two such screens or units, will entirely enclose a child's bed.

A single unit is sufficient, ordinarily, to keep other patients away. The psychological effect on children, nurses and visitors is to indicate unmistakably that no one is to approach. When the bed is entirely enclosed, nurses can reach over the screen for many purposes of ward service, the screen protecting from contact of their dresses with the bedding.

Children very ill with pneumonia or other acute diseases, or surgical patients operated on for appendicitis or empyema, are frequently "carriers" of infectious diseases, though not themselves suffering from such diseases. These patients need the best ward facilities, good air and good nursing. To put them in small isolating rooms, deprives them of both. We act upon the conviction that the infecting agent of contagious diseases is transferred from patient to patient by contact or by very near approach, say within the striking distance of coughing and sneezing, and that practically the absolute separation by even a few feet renders the infected patient harmless to his neighbors. Double screens, entirely surrounding the beds, are good because the natural desire of convalescent children to "swap" toys is thus obviated. As a matter of fact, a particularly generous typhoid, constantly wishing to donate his toys to his run-about friends, gave rise to the present screens.

Thus far we have treated safely several surgical cases, "carriers" of suspicious bacilli, a case of chicken pox, of vaginitis in a surgical child, and several cases of typhoid. It goes without saying that the nurses who care for these children are under special instructions; they treat the cases as quarantined, and though they do other work in the ward, have certain limitations to their duties.

Similar practices have been in vogue in some Paris hospitals and the use of these screens has the approval of Dr. Herman M. Biggs, of the Health Department, who has personally inspected the ward work, and Quarantine Officer Dr. A. H. Doty. They are assured that most diligent care is constantly exercised in our service.

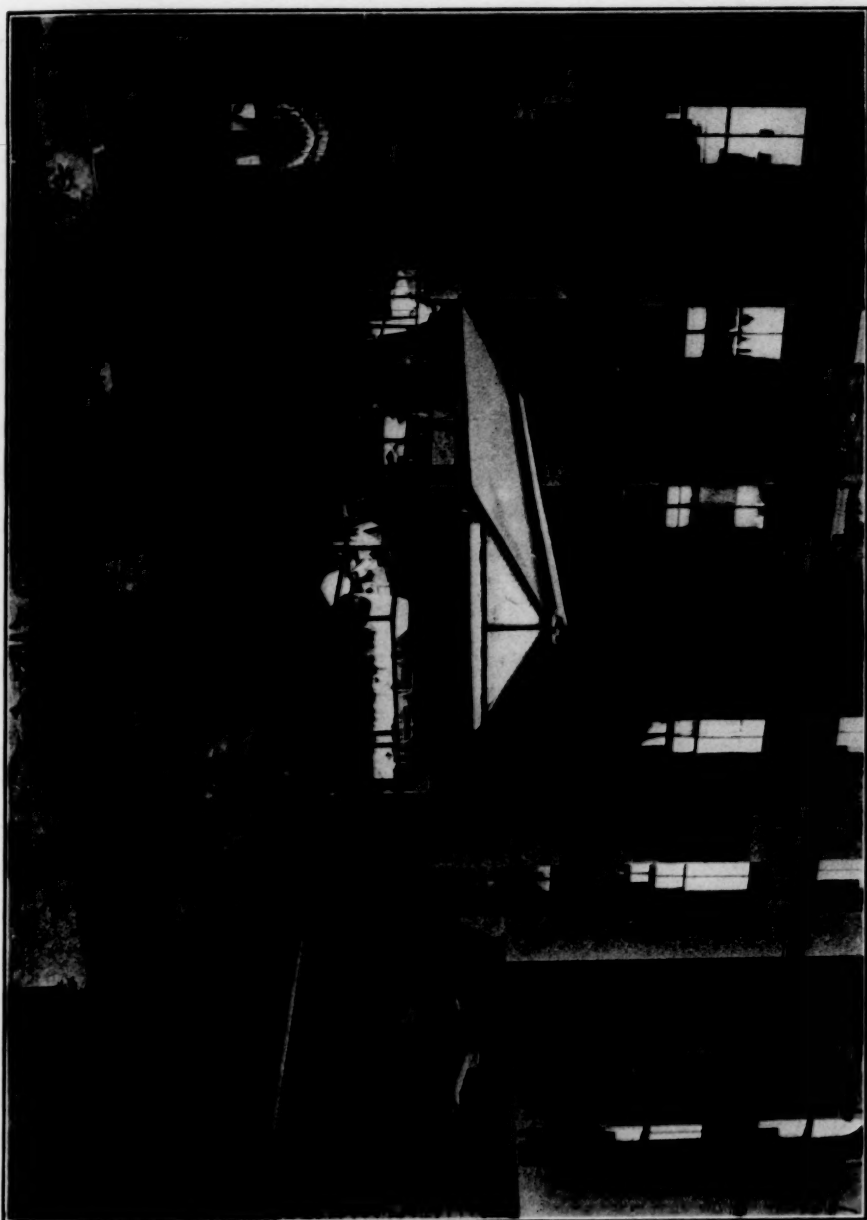
The moral lesson, it is hoped, will ultimately reach the laity.

It is not uncommon for mothers, from irrational freak, to refuse to pass the front door of a house which harbors a quarantined case of chicken pox. Children are infected with disease by contact or near approach, frequently so early in the development of the case that it is unrecognizable. Prevention from contact is the most important precaution.

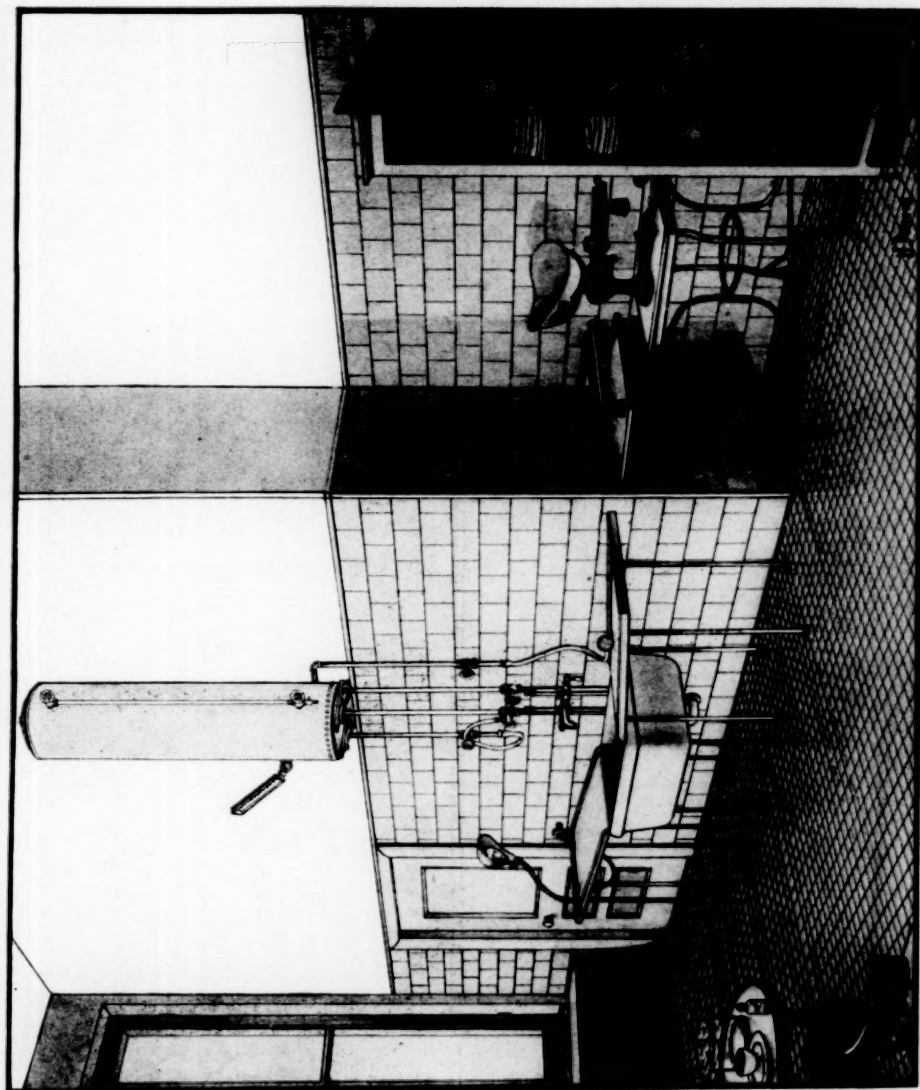
The crib warmer consists of an asbestos box containing an electric heater, above this an asbestos trough in which rests the bassinet. This simple warmer can be readily made by using an ordinary electric foot warmer, asbestos boards, insulated wire cable, couplings with switch which allow the current to be "high," "low," "moderate," or "off," though to reach perfection, a somewhat more costly apparatus is desirable. Poorly-nourished infants require artificial heat until they can furnish their own. Especially is this true in such cool wards as those of our hospital. A baby with cold feet cannot digest. Hot water bottles are perilous, expensive, troublesome. There is constant fear of burning the baby through the bursting of a hot bag. The results with the latest modification of the baby warmer are satisfactory. It is easy to regulate the heat, to keep it constant day and night, and there is no danger of burning the occupant. The electricity sufficient for an ordinary 16 c. p. illuminating bulb is sufficient. Six warmers are in constant use and they have been found to be less costly, less troublesome, and more effective than hot water bottles. The heat comes from below, warming the bed uniformly, and tempering the atmosphere breathed without confining it. It may take the place of the usual incubator for new-born babies. Our best test has been in the care of twins weighing four and one-half pounds at four months. These have doubled their weight at the present writing.

An examination table is used which enables the physician to work with comfort. To determine slight comparative dullness of one side of the chest, it is necessary to have the smallest infants lie quite flat on an elevated smooth surface. If a tiny infant is held on the shoulder of a nurse, or on the lap, the chest rests on irregular surfaces, and such irregularities will modify the percussion note. The head of the table can be raised or lowered and is useful in intubations, aspirations, punctures, etc. This constitutes one of those minor helps in exact examination which give great comfort to the worker. It is almost impossible for one to bend low and listen for a sufficiently long time to make a satisfactory diagnosis.

For bathing children the requirements are (1) A warm washing, dressing, and changing-room, with atmosphere warm (75° F. and more),



THE OPEN AIR BALCONY.



BATHING AND DRESSING ROOM.

furniture, walls, and floor warm; fresh clothing, diapers and towels warm; water warm—in short, everything warm.

(2) Facilities for washing and dressing infants, comfortably to the nurses as well as to the babies, and in the shortest possible time.

(3) Assurance that there shall be no possibility for scalding or infection.

A dressing room is kept at a temperature of 70° to 75° F. All baths and treatments are given in this room, except to children under suspicion of contagion, such children are treated in their beds or in the "detention room."

Bath tubs for the children's ward have been abolished, as they were thought to be one great source of infection. Marble slabs sloping to a sink have been substituted, with sprays for cleansing the skin. When the baby is undressed it is laid on a clean bath towel covering the marble slab, and is sponged off with liquid castile soap on soft gauze and given a thorough spraying. It is then dried with a soft warm towel and dressed in the usual way. Two low chairs, and a low table furnished with the necessary supplies, make it convenient for the nurse to give the eyes, ears, and nose a proper cleaning, and the metallic cabinet blanket warmer keeps the clean clothing and diapers at a desirable degree of warmth in the cold season. The towels used during the morning bathing hour are immediately boiled in a small boiler placed at the side of the room and are dried in the drying room on the same floor. This is a saving to the laundry and prevents the mixing of towels. Soiled diapers are placed in large paper bags, and are carried to the rinse house twice daily, where they soak twelve hours in a solution of formaldehyde. Specimens for examination are collected during the night and are kept in a covered agate can. The addition of this dressing room has proved a great luxury for the baby and a wonderful time saver for the nurse.

In an eighty-gallon tank, the water is heated at will, usually to 103° F. The temperature is read off on the thermometer projecting from the left of the lower quarter. This tank is filled by the same nurse each day, the temperature noted by the head nurse, and the hot and cold intake pipes shut off till further orders. This insures a constant temperature (103° F.) in the tank, and about 100° F. as it runs from the spray. The water gauge shows on the face of the tank. In this glass tube the amount of water in the reservoir can be easily noted. Mixing the hot and the cold water is effected as follows: the hot and cold water pipes are turned on together while the filling and temperature are noted by the nurse deputized for this purpose. The

hot and cold water pipes within the tank terminate in four points somewhat like a miniature gas-fixture, the hot water tips pointing downward, the cold water pipes pointing upward. The current of the two streams goes against their gravity tendency and so interdigitate that a thorough intermingling of currents is effected, and there can be no layers of hot and cold water. The contained water is of uniform temperature throughout.

Below the tank are two flexible rubber pipes terminating in the usual metal bath spray tips. From these it is designed that the water shall flow at 100° F. uniformly during the entire morning's work.

On the next lower level is a sink winged with two sloping marble slabs. To the extreme right is the hot closet from which the fresh clothing is taken dry and hot. At the extreme left are the low nursery tables and chairs.

A very large window lets in a flood of light so that the slightest eruption or change of color or abnormal appearance of the mouth, tongue, or eyes can be easily detected. An electric reflector, in addition to the overhead lights, serves the same purpose at night. There are two doors, one leading to the corridor and one to the toilet.

The present facilities, above described, are the result of much studious attention on the part of the heads of the various hospital departments, with the result: 1, the babies are washed in at least half the time; 2, danger from infection from promiscuous bathing is avoided; 3, mishaps from use of over-hot water are avoided.

ONE of the new hotels in New York City is to have on its 23d floor a fully-equipped miniature hospital, with accommodations for twelve patients, and with expert physicians and nurses in attendance.

HOME REMEDIES, PRESCRIBED BY MOTHERS, FOR THE BABIES BROUGHT TO A DISPENSARY.—For teething: six calf's teeth in a bag around the neck, to help the baby cut his teeth; baby to chew on the dirty bag. For thrush: to cure "trash" in mouth, wash mouth with a piece of crepe (which has been worn to a funeral) dipped in borax and honey.

THE RED CROSS



IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of National Committee on Red Cross Nursing Service

ALL Red Cross nurses will be interested in the mobilization of 20,000 United States troops on the Mexican frontier, and over 2000 marines in the Gulf of Mexico, for never before in the history of the country has such a large body of soldiers been brought together in time of peace.

While there is no reason to think that conditions will arise making a call for nurses necessary, still one cannot help looking back with a spirit of thankfulness over the work of organization which has been accomplished during the past year. Should a sudden need for nurses arise, there stand ready to co-operate with the National Committee on Red Cross Nursing Service, 141 nurses on 24 state Red Cross committees, and 233 more on local committees. These committees, with nearly 1300 enrolled nurses, are a guarantee to the nation that neither the stress of calamity nor the turmoil of war will ever again find us wholly unprepared.

This work of organizing the nursing service of the Red Cross was entrusted to the Associated Alumnae in the full belief that the high standards of this organization would ensure the selection of the best available nursing service, either for relief work or as a reserve for the army.

The National Committee on Red Cross Nursing Service has in contemplation a plan for providing instructive lectures to be given by medical officers of the army to assemblages of nurses in different parts of the country. Two of these have already been given by Colonel L. M. Maus, chief surgeon of the Department of the Lakes; one in Illinois, the other in Wisconsin, at the meeting of their respective state associations. Of the Wisconsin meeting we have the following account from Mrs. Frederick Tice, a member of the national committee, who was present:

"Wisconsin had a perfectly fine state meeting, and a full house. Colonel Maus came in his uniform, as a special compliment to the nurses, and gave a very good address on the *war* side of the subject. He spoke of the type of nurse needed for duty in time of war, and emphasized

the importance of her absolute integrity and dignity of character. He laid stress upon army discipline, which nurses must make up their minds to regard, and discouraged any nurse from enrolling who is not absolutely well and strong. He described a battle-field with its various hospitals, and showed just where the work of the nurses would begin."

It is hoped that arrangements may soon be made for similar lectures in other sections of the country.

For the information of nurses who are considering enrollment, the following summary of qualifications has been prepared: *Training*: At least two years' course given in an acceptable hospital. *Registration*: Graduates of schools not meeting the requirements of state boards of registration will not be considered eligible for enrollment. In states where registration is a law it is most desirable that applicants be registered nurses. *Endorsements*: Applicants must have the official endorsement of the training school from which they graduated, or of some nursing organization which is a member of, or affiliated with, the Nurses' Associated Alumnae of the United States. *Citizenship*: Nurses enrolling need not be native-born citizens, but if called upon for service in time of war, they would be required to take the oath of allegiance, as required by army regulations. *Age limit*: Nurses under twenty-five years of age will not be enrolled. *Physical examination*: Nurses will not be required to take a physical examination before enrollment, but may be required to do so before being assigned to active duty.

ADDITIONAL INFORMATION.—*Fees*: No fee is required for nurses enrolling. *Uniform and badge*: When called upon for active service, nurses will be required to wear the prescribed uniform. At time of enrollment each nurse will receive a numbered Red Cross badge, record of which is kept in Washington, D. C. This badge remains at all times the property of the Red Cross and its use is protected by law. When in uniform, it should be worn on the left side of the collar. *Assignment to duty*: Except in the event of war, nurses will not be required to respond to a call for service when such a response would seriously interfere with duties already assumed. *Compensation*: Nurses called on for active service under the Red Cross will receive the pay provided by law for the Army Nurse Corps, \$50 a month in the United States and \$60 elsewhere, with proper maintenance, travelling expenses, and laundry allowance. *Red Cross Bulletin*: This magazine, published quarterly by the American Red Cross, will be sent free of charge to all enrolled nurses who request it. *Application blanks*: Blank forms for application will be furnished upon request by the secretary of the nearest local committee.

The following is a list of local committees already appointed, with their respective chairmen:

California: Oakland, Mrs. C. A. L. Brown, 806 Thirteenth St.; Los Angeles and Pasadena, Alma E. Wrigley, 104 South Los Robles Ave., Pasadena; San Diego, Mrs. C. R. Johnson, 2030 Second St.; San Francisco, Mrs. A. A. O'Neill, 4502 California St.; Santa Barbara, Marie H. Montelius, 1615 De LaVine St.

District of Columbia: Washington, Anna J. Greenless, R.N., 1723 G St.

Georgia: Atlanta, J. M. Candlish, R.N., Elkin-Goldsmith Sanitarium; Augusta, Mary A. Moran, R.N., Augusta City Hospital.

Illinois: Bloomington, Emma Bluhm, 105 N. Clinton St.; Champaign, Frances North, Julia F. Burnham Hospital; Chicago, E. V. Robinson, 509 Honore St.; Danville, Maud Northwood, R.N., Lakeview Hospital; Dixon, Ada M. Decker, R.N., Dixon Public Hospital; Elgin, C. Irene Oberg, R.N., Sherman Hospital; Peoria, Miss Brean, Proctor Hospital; Quincy, Emma F. Ryniker, Woodland Home, 2707 Main St.; Rockford, Mrs. McWhorter, City Hospital; Springfield, Katharine Mathews, R.N., 530 South Second St.

Indiana: Indianapolis, Elizabeth Johnson, R.N., 21 The Millikan; Richmond, Emma E. Kemper, R.N., 404 South Fourth St.

Iowa: Des Moines, Estella Campbell, R.N., 1003 Fleming Building; First District of Iowa, Esther Maxwell, Washington, Iowa; Grinnell, Annie J. Sanders; Iowa City, Anna C. Goodale, R.N., Homœopathic Hospital; Maquoketa, Anna J. Wendel, Maquoketa; Seventh District of Iowa, Rose Konop, 1710 Twelfth St., Des Moines; Sioux City, Helen Peterson, R.N., 1116 Court St.; Waterloo, Mrs. Ida C. Neff.

Louisiana: New Orleans, Emma L. Wall, 3513 Prytania St.

Maryland: Baltimore, Mary C. Packard, Robert Garrett Hospital.

Massachusetts: Boston, Dr. Laura A. C. Hughes, Boston City Hospital; Pittsfield, Anna G. Clement, House of Mercy Hospital.

Michigan: Detroit, Mrs. L. E. Gretter, R.N., 924 Brush St.

Minnesota: Minneapolis, Edith P. Rommel, R.N., 1503 Third Avenue.

Missouri: St. Louis, Louise C. Dierson, 5429 Von Verson Ave.; St. Joseph, Sallie Bryant, R.N., 2708 Monterey St.

Nebraska: Omaha, N. L. Dorsey, R.N., 2305 South Thirty-second St.

New Jersey: Jersey City, Helen Demarest, 28 Madison Avenue.

North Carolina: Winston-Salem, Constance E. Pfohl.

New York: Brooklyn, Elizabeth Dewey, R.N., 66 Montagu St.; Buffalo, Margaret Bruce, 18 Ashland Avenue; Manhattan and Bronx,

Mrs. E. G. H. Schenck, 114 E. Seventy-first St., New York City; Rochester, Katharine DeWitt, R.N., 247 Brunswick St.

Oregon: Portland, Jennie V. Doyle, 675 Glisan St.

Ohio: Cincinnati, Mary H. Greenwood, Jewish Hospital, Avondale; Cleveland, M. L. Johnson, 501 St. Clair Ave.; Dayton, Florence A. Bishop, Miami Valley Hospital; Toledo, Katherine Mapes, Toledo Hospital, 1711 Cherry St.; Tri-County Committee, Mary E. Gladwin, 268 E. Voris St., Akron.

Pennsylvania: Philadelphia, Margaret Dunlop, Pennsylvania Hospital, Susan C. Francis, Jewish Hospital.

Tennessee: Memphis, Mrs. Lena A. Warner, 112 North Belvedere Boulevard; Nashville, M. G. Nisbet, 1016 McGavock St.

Utah: Salt Lake City, Charlotte E. Dancey, Latter-Day Saints Hospital Training School.

Virginia: Richmond, Florence Black, 201 E. Gary St.

West Virginia: Charleston, Mrs. George Lounsbery, R.N., 1119 Lee Street.

Wisconsin: Milwaukee, Stella S. Mathews, 113 Farwell Ave.

If address of nearest local committee is not known, it may be procured by writing to Jane A. Delano, R.N., chairman National Committee on Red Cross Nursing Service, Room 345½, War Department, Washington, D. C.

ITEMS

THE March meeting of the Buffalo Committee of the Red Cross Nursing Service was held at the apartment of Isabelle Shaw, 1411 Main St. All the members were present. Four new members were received for nursing service and two annual members for the American Red Cross. The secretary read the article on "The Endowment Fund" from the January *Bulletin* and urged each member of the committee to try to get as many subscriptions as possible. The minutes of the February meeting were read and it was decided to have the next meeting at Miss Lindsay's home.

THE Rochester, N. Y., Branch has now twenty Red Cross nurses enrolled, nine having been added since the reorganization of the nursing service committees. Meetings are held monthly one-half hour before the regular Monroe County meetings.





SOME OF OUR NEIGHBORS. THE CENTRE GIRL IS AN ISIMISI
(WITCH-DOCTOR).

NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

A MESSAGE FROM NATAL, SOUTH AFRICA

WRITING from the Reformed Baptist Mission Station, Paulpietersberg, Mrs. Ida Morgan Kierstead says:

"Through the kindness of a sister nurse the JOURNAL reaches me each month, and I want to say how much I appreciate its visits. I greatly enjoy each article, also the discussions, from time to time.

"Probably the JOURNAL readers would like to hear a little of our life here. My work is mostly teaching, yet I have a great deal of medical work, especially malaria, the natives coming several miles for treatment from the Inkosikozi (teacher). Our co-workers, Dr. Sanders and his wife, have been on furlough for almost three years, so I have to diagnose my own cases. The district surgeon lives about twenty miles from here, but these people usually prefer the native doctor with all his charms and strong emetics, so I do not call the white doctor very often. We haven't a suitable hospital, but hope to have in the near future.

"Some time ago we had to send the donkey to bring two patients who live ten miles from here, they had fever for about two months. It is indeed a pleasure to minister to their needs,—at the same time we have the opportunity of telling them of the Great Physician who came to heal their sin-sick souls.

"I have many sick babies to attend, with stomach trouble and pneumonia. Many times I should like to have a doctor or nurse to consult with.

"These Zulus are intelligent and soon learn to trust the white teachers. They come from near and far to have their teeth extracted. They sit on a stone in the yard while I perform this operation, which would be very amusing sometimes, if not so serious. They always want to take the tooth that has been troublesome home with them, and should a waiting fowl make way with it, there is a great chase and shouting time until the offender is so thoroughly tired she is forced to surrender her prize."

FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE nurse who wished to hear a report from a German Society on Epilepsy probably referred to the International Congress on the Prevention of Epilepsy which met last October in Berlin. We are sorry to say that, so far, we have been unable to find any report whatever on their proceedings, either in foreign or home journals, though a close watch has been kept on current literature in the Academy of Medicine. The Congress in all probability works on, largely, social lines and is perhaps not an entirely medical, technical body. If possible to procure its transactions from Germany we will do our best to obtain it.

Some attention was paid to epilepsy at a congress on the care of the insane, also in Berlin last October. There, Dr. Thiemich emphasized the digestive disturbances of nurslings as causes of epilepsy. Hoppe said the special causes were rachitis and infectious diseases. He believes the percentage of inherited idiocy and epilepsy to be smaller than has been previously supposed, while the share of hereditary syphilis in causing epilepsy he holds to be greater than generally supposed. Frau van Deventer spoke of the difficulty of finding work for convalescent epileptics. Men should work on the land or at country trades. Women should never go into domestic service but should work by the hour.

ONE of the most brilliant and able medical women who call the famous Blackwell sisters their teachers is Dr. Yamei Kin, of China, now on a visit to this country in preparation for some hospital and nursing work which is to be carried on by the Chinese government, and of which the general direction is to be centralized in the hands of Dr. Kin.

Dr. Kin already has one Chinese nurse who has been trained at Guy's Hospital, in London, ready to collaborate with her, and a visit to Dr. Kin in behalf of the forthcoming third volume of Nursing History secured a promise that this nurse will herself write for it an account of the projected governmental nursing service. Dr. Kin has brought with her another nurse who will go through a complete training in

this country and then join in the undertaking. Like the advertisers, we shall not tell the whole story now but refer to the book when it is finished.

The third volume has also been promised the collaboration of a Filipino nurse trained under American methods. It will secure this through the kindness of Miss McCalmont who has recently returned from the Philippines.

THE Matrons' Council has sent a letter to the treasurer of St. Thomas's Hospital, enclosing the following resolution for the Florence Nightingale Memorial Committee:

"The Matrons' Council of Great Britain and Ireland is of the opinion, that the Nurses' Memorial to Florence Nightingale should take the form of a statue, to be erected in some suitable position as a permanent memorial and a lasting sign to future ages of the admiration and appreciation of the twentieth century nurses, for the great foundress of their profession. The Matrons' Council deprecates the idea of placing in the forefront of the Nurses' Memorial a scheme, however praiseworthy, for the personal benefit of nurses themselves."

To this letter and resolution no reply was received.

The final decision as to the form Miss Nightingale's memorial shall take has not reached us.

THE monthly *Bulletin* of the alumnae association of the new school for nurses under the *Assistance Publique* of Paris is a very attractive and creditable journal. The last number has a picture of the class of 1910, an account of the visit of the Queen of Bulgaria to the school, news of the school and the hospitals, a professional article, and a very good account of Miss Nightingale, with a couple of cuts.

It is touching to hear that, when the usual group from this school went as usual to St. Bartholomew's in London last winter for their work there, the first thing they did was to make a pilgrimage to the tomb of Miss Nightingale and lay flowers upon it.

THE English nurses' registration bill is again before the House of Commons. Eight influential societies of nurses and medical men have affiliated in a central committee to support it, and it has also the backing of excellent men of all the different political parties. In some ways, the prospects for its success have never been brighter, yet the unrest in British politics at present is such as to make any woman's bill uncertain, simply because it is likely to be crowded out.

SOME of the Irish nurses went over to England to the pageant, taking with them the green banner and insignia of the Irish nurses' association. St. Bridget, who presided over everything beautiful in nature and art, was symbolized in the procession. The Irish nurses are going to have a Nurses Hostel in Dublin.

It is satisfactory to know that the *Queen's Nurses' Magazine*, which has heretofore been kept going by the individual altruism and professional labors of Lady Hermione Blackwood, who, it will be remembered, did so much to organize the admirable exhibit of appliances and contrivances belonging to district nursing, at the London Congress, has now been officially adopted by the Institute. The *British Journal* says:

"The *Queen's Nurses' Magazine*, with the first number of the new year, enters upon a new stage in its history as the Council of the Queen's Institute. The Institute, realizing the importance and value of the *Magazine* to Queen's Nurses, has decided to undertake in future the responsibility for its financial and business arrangements, and an editorial committee has been appointed, constituted as follows: *President*, Miss Amy Hughes; *Editors*, Lady Hermione Blackwood and Miss Maule, with Miss Cowper, Miss Eden, Miss Grace Gillie, Miss L. Hill, Miss Lamont, Miss K. Macqueen, Miss Parkin, Miss P. W. Peter, Miss C. du Sautoy, and Miss Ellinor Smith as coadjutors."

Queen's nurses owe a debt of gratitude to Lady Hermione Blackwood for establishing the *Magazine*, and demonstrating its value through the years during which she bore the sole responsibility.

Every visiting nursing association, not only abroad, but in this country too, ought to take this ably edited and living record of the work of the Queen's Jubilee Nurses, who belong to the best organized visiting nurse system in the world. The price is two shillings and it should be ordered from Miss P. W. Peter, Wootton Lodge, Ashleigh Road, Horsham, Sussex, Eng.

THE position of the public school nurse is receiving considerable attention in foreign journals. The staff under the London County Council is being largely increased and the country districts are also looking up. The school doctors now wish the nurse to be able to recognize ringworm, which is refreshing to hear after the dissent of others we have heard on this serious point. We have heard a district nurse say: "The school nurse who cannot recognize ringworm would not know a little woolly dog if she met it on the street."

Dr. Lande has an excellent article on the school nurse and sanitary inspection in the *Garde-Malade Hospitalière*; Paris has already made an initial step in the common schools, and Bordeaux has long had similar work in a couple of large girls' schools.

TALKING about the length of training and the declarations that three years is too long a course, the managers of the Edinburgh Infirmary, one of the finest and foremost training schools of the world, have decided to lengthen the three-year course to four years. They believe that, with the many special advantages the hospital possesses for training, nurses cannot properly receive all these advantages in less than four years' time. They are also arranging a revised and thorough curriculum for graded study.

THE February number of the *Nursing Journal of India* gives the complete proceedings of the second annual conference of the trained nurses' association of that country. The papers dealing with the vast problems of training and standardizing native nurses are very interesting, and show the most consecrated devotion on the part of their writers. The *Journal* at the end of its first year is in a satisfactory financial condition, though the shareholders are still to be paid. As usual with journals, all those who should take it have not done so, and we suggest that friends and sympathizers in America could not better help their far-away sisters than by subscribing. Training schools ought to make it a rule to take in foreign nursing journals. Not enough of them realize this duty. The subscription from this country is \$1.25, and should be sent to Mrs. M. Barr, Datoobhoy Mansions, Mayo Road, Bombay.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



IN CHARGE OF
EDNA L. FOLEY, R.N.

I

HOW ONE CITY SAVES ITS BABIES

By ELISABETH SHAVER

Supervisor Babies' Milk Fund Association, Louisville, Ky.

THE history of the Babies' Milk Fund Association of Louisville is identical with the life story of some of the promising patients upon its records. Beginning in 1908, an appreciable growth was made despite the indifference of a city unawakened to the need of a fight for its infant life.

During the second year, 1909, six distributing stations were opened, a modifying laboratory was established, and six nurses united their efforts in caring for 284 babies.

The third summer campaign began May 3, 1910, when the first of seven stations opened with an enrolment of twenty-five, which grew to more than one hundred before the close of the season. Within a month the stations were all equipped and in charge of nurses who were alert to the purpose of the work, and enthusiastic in meeting the needs of the neighborhoods. The total enrolment of the season was 558. Of this number 17 died, only three of whom had been under observation four weeks or over. These babies were visited weekly when well, and daily or oftener in case of illness. Every nurse worked with the definite purpose of keeping all the children in her district well, and many babies owe their lives either to the prompt and faithful nursing or to the painstaking supervision of their diet and home life. By means of a weekly history meeting at the Central Office, uniform methods were adopted where uniformity was desirable, and much mutual benefit was derived from an exchange of experience and discussion of the puzzling problems of the various districts. The maintenance of the laboratory and the distribution of modified milk were recognized as only the means to an end—education of the mother by giving her a safe food for the baby and then showing her the causes of illness and how to prevent it.

The weekly consultations held at each station were conducted with a view to the neighborhood requirements; the group method at one station was the means of a real transformation in the general appearance of both mothers and children, with encouraging improvement in the homes. Here the doctor's personal interest in the individual progress of babies, both breast- and bottle-fed acted as a spur, and the public commendation for each ounce gained, as well as for evidences of intelligent care when the baby was stripped to be weighed, was a powerful incentive to the mothers. In other places it seemed best to have the physician see the babies one by one, in quiet consultation, those mothers preferring the private examination and advice.

As a rule, the monthly Mothers' Meetings were well attended and were of great value in arousing the interest of the mothers in the care of their children. It is an open question which produced quicker results, the lecture given by the physicians on these occasions, or the comparison of weights and the free exchange of knowledge among the mothers while refreshments were being served.

Each nurse was on duty at her station for an hour in the afternoon when she distributed the day's feedings, received messages from mothers and doctors, and gave advice to any who came in doubt. There were many opportunities for group teaching during this time. Any day an unexpected visitor might find the nurse explaining the purpose of the pure milk stations to the children gathered from a neighboring playground, or instilling practical lessons in physiology and hygiene. Perhaps the most impressive lesson taught was to a group of five mothers tarrying for friendly gossip in one of the small parks where the generosity of the Park Board permitted the use of the Shelter House as a distributing station. Three of the five were using soothing syrups to insure themselves undisturbed rest at night. A discussion lasting half an hour resulted in conversion. There is still an appalling sale of soothing syrup, "cordials," and sleeping mixtures in that section of the city.

In August and September preparations were made to close the stations for the winter, and the teaching of home modification was undertaken. The enthusiasm and intelligence with which the mothers received their instruction was an overwhelming surprise, and at the end of the season forty-five mothers were ready for their new responsibility. Four months later it is a satisfaction to know that not one of the mothers has given up "making the baby's food" and not a serious illness has been reported among those babies. The scrupulous cleanliness exacted in the home demonstrations, and the repeated story of why we get sick and how to keep well, have resulted in transforma-

tions which are sufficient compensation for the energy and patience expended. Advantage has been taken of the fondness of mothers for imparting knowledge of the management of children, and every means used to give practical instruction that may become a useful element in the neighborhood. That the successful mothers are advertising agents is attested by the growth in the number of babies on home-made milk mixtures, from forty-five to seventy-two in four months.

It has been helpful to get a fixed idea of what logical sequence is to be followed in the educational visits that have as their ultimate object the promotion of healthful child life, and then to pursue that idea in every particular. A conversation of pleasant social nature may be so directed that all unaware the mother has been given fundamental facts about ventilation, personal hygiene, sweeping, dusting, window cleaning, dish-washing and, by no means least important, cooking. Successive visits and successive demonstrations may be the means of completing a correlated series, including regularity in the program of the baby's daily life, his right to comfortable clothing and handling, the curative power of fresh air and pure water—until the great lesson has been taught that the same measures which prevent sickness bring happiness.

Surely there is no field of nursing so bright with hope, so rich in opportunity as baby welfare work, none so alluring to the nurse who would see the prompt returns for her labor. Here even her own healthfulness and buoyancy are an inspiring object lesson and the reward for patience is always success.

II

AN ITALIAN MILK STATION

By M. A. GALLAGHER

Infant Welfare Nurse, North End Station, Boston, Mass.

THE largest Milk and Baby Hygiene Station in Boston is situated in the heart of the Italian quarter. The Association has among its objects: the encouragement of breast feeding; the production and sale of pure milk; encouragement and education by means of conferences with Italian physicians, lectures in Italian, and home visits by trained nurses.

The Italian mother is teachable, but the encouragement of breast feeding is too often defeated by a too productive maternity, which throws the infant of four to six months on the milk station for sus-

tenance,—a fairly good foster mother, but not as efficient as the real one, under proper conditions. The youth and immaturity of the Italian mother are also a handicap, the mother of fifteen to twenty is only too common.

Deaths from pneumonia are frequent among Italian babies living in unsanitary houses, made so by the vile construction of the buildings rather than the poor housekeeping of the mothers. These little tenements are surprisingly clean, considering the large families and numerous boarders, often the only source of income during the winter months when the unskilled laborer is out of work. The combination of forces between the family and the boarder keeps the family afloat until the spring work begins. Often the mother has to go to work in the factory to eke out the income, and when this happens the baby always suffers, for no matter how kindly the intentions of the father or the boarder may be, it is hard to keep impressed upon them that clouds of tobacco smoke in small, closed rooms are not the best things for the baby's lungs.

The Italian pays his bills promptly and appreciates far more that for which he pays than that which he gets for nothing. He is very hospitable, his simple meal is for anyone who will accept it. The food is nourishing and, in a great many instances, excellent, both in variety and quality. He is easily reached through his affections and can be readily taught by practical demonstration rather than by words, as the numerous dialects will always be a stumbling block to the most ambitious American who speaks Italian. These dialects are not always intelligible to some Italians themselves.

The social side of conference work is helpful and interesting. It is one of the best means of assimilation we have, as provincial prejudices are more easily broken down where people are constantly meeting and where a sufficient number of Jews and Poles are added with whom friendly relations are maintained. The sordid home life of Italian women has led those working at the Milk Station to endeavor to provide some form of entertainment, or instructive lectures, to give the mother something to think about. At an entertainment given by Italian children, two hundred interested mothers and fathers attended, and at a lecture on milk, illustrated by slides, given by one of the Italian conference physicians, the interest was marked, and repeated requests for more have been granted.

The young Italian wife is very appreciative of the husband who does not "smash her," even though it is his right, but no invitation can be accepted without his consent, and the nurse is urged to ask for

this and to explain that the lecture or concert is all right. The inevitable plea is, "May I bring the baby?" and one is often torn between the desire to give the mother a chance to get out, and that of seeing the baby in his bed at a proper hour. At afternoon functions baby is always welcome and he is very well behaved. When the mother's interest and ambition are aroused, the discipline necessary to keep the Station running smoothly is not so difficult to maintain. The mother who appreciates the fact that the record card tied to the pail insures accuracy in delivering milk, while the pail keeps the milk bottles cool, feels that these rules are not the arbitrary demands of an over-strict nurse, but are really means by which the baby's health is maintained, and that regular conference attendance binds the doctor and nurse more closely to her in a bond of real service.

III

INFANT WELFARE WORK AT THE HENRY STREET SETTLEMENT

At the nurses' settlement, Henry Street, New York City, home modification of milk is being taught with great success. The plan of procedure is outlined in the February number of the *Settlement Journal*. Two doctors have weekly clinics to which mothers bring their babies who must be brought up on the bottle.

"On the baby's first visit to the clinic it is carefully examined and the doctor writes a formula for the infant's food and gives it to the nurse with a requisition for the mother by which she may secure milk at the 240 Henry Street station. The next morning the nurse calls upon her, teaches her how to prepare the special formula which the doctor has ordered, how to keep the utensils in sanitary condition, instructs her in the care of her own hands while handling the baby's food, the care of the bottle and nipples, and the general hygiene of the child. The second day she again makes the formula in the baby's home, and by the third day watches the mother do it herself. After this she visits there from time to time to see that the standard is kept up. Meanwhile the baby is being brought once a week to the clinic for the doctor's inspection. There he is weighed and his general condition observed. If changes in the diet are necessary, the doctor gives a new formula to the nurse who repeats the method of instruction followed in the first instance." There are now 125 babies under the care of the clinic.

IV

A CHRISTMAS TREE

By IRENE R. FOOTE, R.N.
District Nurse, Fairfield, Maine

THE first Christmas tree for poor children ever prepared by social workers in Waterville, Maine, was given at the Central Maine Dispensary for the Relief and Control of Tuberculosis, on December 23, 1910, at 3 P.M.

About 30 children, all tubercular, had been invited, but at 1 P.M. they commenced to arrive, and by 3 P.M. fully fifty children, including brothers and sisters of the others, had come, expecting to be remembered by Santa Claus. With the aid of some members of the Woman's Club, a most beautiful tree had been arranged, with presents of clothing and a toy for each one.

A local minister took the part of Santa, to the great delight of the children. After each child had been called one, two, or three times, and each one had "just what he wanted," they were marched to another room and served with ice cream and cake, by some of the younger society girls of the city. Everyone was most happy, the older women and the girls for the pleasure they had given by assisting the nurse in arranging the party, and the children in receiving so many needed articles and such a pleasing entertainment.

V

THE Fourteenth Annual Report of the Visiting Nurse Association of Omaha, Nebraska, certainly reflects great credit on the two visiting nurses, Nancy Dorsey, R.N., Moses Taylor Hospital, Scranton, Pa., and Blanche Kelly, R.N., Methodist Hospital, Omaha.

During the year the Association has assumed the home care of the industrial policy holders for the Metropolitan Life Insurance Company; has managed a most successful out-door baby camp; and, with this additional work, has been able to care for 934 patients, making in all 5039 visits. The following quotation from the report of the superintendent sums up the work better than figures:

Who can tell from figures what the association really stands for? A certain number of visits; but what does that tell of the women cared for in their hour of trial; of babies bathed daily and kept fresh and sweet with stores from our linen closet; of chronic invalids, whose brightest spot in the whole week is the nurse's visit?

Visiting nurses the world over feel that their work is very inadequately represented by figures and sometimes long for an opportunity to make the figures themselves speak and tell how much time and effort lie behind them.

The out-door baby camp had fourteen cribs in all, but so many babies that Miss Dorsey had four assistants. In addition to the babies, visitors at the camp averaged thirty a day, and in spite of the fact that the summer was an unusual one, and the camp was open for all sorts of little patients, only three deaths took place. In all, the nurses cared for thirty babies during the eight weeks.

The following paragraph tells its own story:

Mothers brought their babies all the way from Fort Omaha and Benson to spend half a day under the trees and have the nurses tell them how to keep them well during the heat. They watched with interest everything the nurses did, from bathing the babies on a rebuilt kitchen table, to the preparing of their food, caring for their bottles, etc. Mothers whose babies were left with us would come to visit for hours at a time, and bring neighboring women with their little families, and the nurses answered question after question and talked cleanliness of the body and of the home, outside and in; of the danger from flies, of the way the babies should be fed and dressed when they were well, to keep them so, and discussed all the problems of every-day living.

VI

THE Hartford Visiting Nurse Association has found it necessary to add a fifth nurse to its staff, and is fortunate in securing Celia Goldberg, Mt. Sinai Hospital, 1911. Miss Goldberg's knowledge of Yiddish makes her especially valuable in the dispensary, and in the social work of the Association.

Dr. Edward A. Deming is giving a First Aid talk to the boys' club of the Gurdon Russell Settlement House, Hartford, Conn.

The annual meeting of the District Nurse Association of Derby, Ansonia and Shelton, was held February 10, at Library Hall, Derby. This association was established February 1, 1904, and is governed by a board of lady managers from the three cities. A loan closet is provided, and in case of severe illness, the association provides special nurses or attendants. Only one nurse is employed, and she makes visits over a very large territory; yet notwithstanding the great distances travelled, she made 2224 calls during the year, and also assisted the Medical Inspector in the schools, for three months. As usual, the number of calls gives very little idea of the work done by this asso-

ciation. The nurse not only cares for the sick, but in needy cases, she furnishes special aid and does the work of Visiting Nurse and Social Worker. Jennie B. Scrimgeour, R.N., of Grace Hospital, New Haven, is in charge of the work. The next annual meeting of the Connecticut Visiting Nurse Society will be held in Derby.

VII

SOCIAL SERVICE WORK IN PHILADELPHIA

THE Training School for Social Work was opened in October, 1910, under the direction of William O. Easton and has about forty pupils enrolled. Five hospitals have a social service department, and five others will soon have.

At the Presbyterian Hospital, Miss Hosteller, a graduate from that training school, began the work amongst the patients of the tuberculosis dispensary three years ago. In December, 1910, the work was made general in the dispensaries. Pupil nurses, if they desire, can take a two months' course, working with Miss Hosteller from 9 A.M. to 5 P.M., three days each week. The Ladies' Aid Society of the hospital provides the means to carry on the work.

One fine feature of the work is the children's tuberculosis class, every other Saturday afternoon. This is composed of children who have been exposed to contagion in their homes. A physician talks to them about food, fresh air, the value of open windows, and on other subjects. On Wednesdays, there is a class for adults.

At the Pennsylvania, the work was organized under a committee of three members of the Board of Managers, Mrs. Megee, who has had wide experience in social service work, is in charge. She has one assistant, half time, and one volunteer visitor. The work here is principally with the ward patients. So far, the money has been furnished by private contributions.

Phipps Institute has three social workers who take the students of the University of Pennsylvania with them into the homes to study conditions. Mr. Phipps has provided the money for a certain length of time.

At St. Christopher's Children's Hospital, the work was begun in October, 1909, by Miss Nagle, a graduate of the training school of the University Hospital. The work is principally with the dispensary patients. It is carried on by the Board of Lady Visitors.

At the University Hospital the work was begun three years ago, under a committee composed of representatives of the Medical Staff, Board of Trustees of the Hospital, Board of Women Visitors, and Auxiliary Women's Committee. The Executive Board is responsible for the funds, engages new workers, and decides all large questions of policy. The work was reorganized last year with Miss Glenn, a Vassar graduate, in charge. She has with her, Miss Tupper, a graduate nurse, three other salaried assistants, and eight volunteer visitors. The work is with the dispensary patients, with a few from the wards, principally the children's medical.

MARY JOHNSTON, the novelist, in an address on woman suffrage, recently said that the Virginia Equal Suffrage League is growing rapidly. Miss Johnston said that the league's membership is of high quality, including Dr. Lyon Tyler of William and Mary College and other distinguished teachers, besides many excellent mothers and homemakers, writers, artists, and philanthropic workers. Many trained nurses belong to it, including Miss Agnes Randolph, president of the State Association of Nurses. Miss Johnston paid a special tribute to the nurses. She said:

"If you chance to know these women you will know that we have in them a large slice of the noblest self-sacrifice, the highest altruism present in Richmond. To have Nannie Minor is to have a host. Miss Randolph is a great-granddaughter of Thomas Jefferson. Were he living I think we would have him, too."—*The Woman's Journal*.

RELATION BETWEEN CIVILIZATION AND MENTAL DISEASE.—Tamburini cites historical data to show that mental disease was common among ancient and historical peoples and is common among the less civilized at the present day. The progress of civilization has eradicated the epidemic forms of mental disease, while the greater attention and care now paid to the insane has apparently increased the proportion of the mentally unsound, but he is convinced that this increase is only apparent. Civilization is now confronted with the task of eradicating the causes which breed mental disease, and he pleads for concerted international action, collecting and comparing data and teaching physical and moral hygiene—science, practical pedagogics, and legislation all working toward this end.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

DRAUGHTS AND COLD.—The *Medical Record*, quoting from the *British Medical Journal*, says: R. C. Macfie comes to the conclusion that draughts do occasionally play an auxiliary part in the production of colds, but that they are easily deprived of their dangers, and should be favored rather than feared. To endeavor to escape colds by avoiding all draughts must always be futile and foolish policy, and will not only defeat its own aim by fostering bacteria and by promoting vasomotor lethargy and incompetence, but will lead to deficient vigor through interference with skin reflexes, which play an important part in the respiratory and circulatory functions. When we wish to excite the respiratory centre of the newborn babe we appeal to its skin reflexes, and in cases of night sweats a breeze on the skin seems to give tone to the whole vasomotor system. The skin is certainly meant to be exposed to moving air currents and to vicissitudes of heat and cold; it is surely meant to have a blood supply that ebbs and flows according to the thermal needs of the tissues; it is surely meant to perspire and to transpire, and accordingly to shut it off from wind currents and to enclose it in a motionless layer of moist air is to depart very far from the ways of physiological righteousness. The bracing effects of dry air and of seaside breezes are largely due to their stimulating effects on the excretory and reflex functions of the skin, and the man who endeavors to avoid colds by avoiding all draughts will not only catch more than his share of colds, but will possess much less than his share of health and vigor.

PARENTAL ALCOHOLISM AND OFFSPRING.—The *Medical Record*, quoting from a contemporary journal, says: M. D. Sturge and Sir Victor Horsely severely arraign the conclusions arrived at by E. M. Elderton and K. Pearson in the consideration of the wage-earning capacity of sober and drunken workmen respectively, and of the effects on offspring of alcoholism in their parents.

IS CANCER CONTAGIOUS?—White reports, in the *Medical Record*, the history of five cancer patients, four of whom have died, three in

one house and two in the other, all either related by blood or living in close association with one another in the capacity of husband and wife. The five victims have all been infected within the last five years.

CLEANING MACHINERY WOUNDS.—L. Sexton, in *The Virginia Medical Semi-Monthly*, says: In removing the paint, dirt, and grease incident to machinery accidents, spirits of turpentine makes one of the best cleansing and antiseptic agents for removing grease and oils that are so ground in as to be almost impervious to soap and water. There has recently come into vogue the application of diluted tincture of iodine to just such injuries as above alluded to, with results as good in many instances as the old plan of scrubbing with green soap, manipulating the parts and trying to get rid of materials that are practically ingrained into the tissues. In fact, the extensive scrubbing of very painful and lacerated wounds and injury is giving away to less heroic washing and brushing at the first-aid treatment.

A CASE OF FATAL SODIUM CHLORIDE POISONING.—*The American Journal of Surgery* quotes this case reported in a contemporary journal:

A young woman was operated upon in the internal for chronic appendicitis. The operation was quickly done and the patient left the table with a normal pulse, temperature, and respiration. A rectal injection of one pint physiological salt solution was ordered every hour for three doses. One hour after the first enema, the patient became restless, nervous, and complained of thirst. At the second dose, the symptoms were more exaggerated and she begged continuously for the bed pan. A third enema was given, after which the patient became unconscious; the pulse was small, 120; the temperature was 101° F. The temperature rapidly rose to 109° F., the respirations became very rapid, shallow, and difficult, and the patient died eight hours after operation. A few minutes before death about one quart of blood-stained gelatinous material was discharged from the intestine. Respiration ceased five minutes before cardiac action. The urine showed no albumen. No autopsy was permitted. Several days afterward it was discovered that the nurse had given the enemata from a stock bottle containing saturated sodium chloride solution. The patient had thus received nearly nine ounces of sodium chloride.

Brooks found that the symptoms in rabbits to whom saturated sodium chloride had been fed (by stomach tube) corresponded exactly to those of the patient whom he had reported.

TREATMENT OF PNEUMONIA WITH CREOSOTE INHALATIONS.—Dr. Beverly Robinson, in the *New York Medical Journal*, says: One of the most important things to be constantly borne in mind in the prophylaxis and treatment of pneumonia is, in my judgment, the proper and efficient use of beechwood creosote by means of inhalation. This I have dwelt upon time and time again, and latterly in the last April issue of *American Medicine*. To those who are willing to believe the experience and convictions resulting from life long service, I would earnestly refer them to that article on the treatment of pneumonia. I here reaffirm, there is absolutely nothing so simple, so effective, so harmless in the prophylactic and curative treatment of croupous pneumonia and also catarrhal pneumonia, as inhalations of warm creosote vapors from the ordinary croup kettle filled with water and allowed to simmer over a lamp burner, stove, what not, in a more or less continuous manner during the inception and continuance of pneumonia. Further, I venture to affirm, no nurse or attendant will take it from the patient thus treated.

ABNORMAL CASES OF DIPHTHERIA.—The *Medical Record*, quoting from a Cuban medical journal, says: R. García Rijo, after describing 15 cases of abnormal diphtheria, gives the following conclusions: 1. The malignancy of the disease is not always directly related to the production of pseudo-membranes. 2. The serum may fail if applied late. 3. A severe toxemia may occur in the first three days. 4. Many cases of apparently benign inflammation of the throat react favorably after serum injection. 5. The serum is so harmless that it should be applied freely as a preventive even in the newly born. 6. The preventive application of serum allows a mother to nurse a diphtheritic child at the same time as a healthy one previously immunized.

REMOVAL OF ADHESIVE PLASTER.—E. J. G. Beardsley, *Journal of the American Medical Association*, mentions the difficulty often experienced and the pain and discomfort to the patient, in the removal of adhesive plaster, especially over hairy parts. He accidentally discovered that oil of wintergreen, applied directly to the plaster, spreads throughout the adhesive material and causes it to come away readily and painlessly. When extensive areas are to be removed the application of an ointment of adepslanæ hydrosus, with 10 per cent. of oil of wintergreen incorporated, is even more useful than the oil alone.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

JOURNAL CLUBS

DEAR EDITOR: When the JOURNAL announced the dollar and a half rate for subscriptions in clubs of twenty, I thought I would see what I could do among the nurses of the town where I live, so I got a list of trained and untrained nurses, and set to work with my telephone and in a short time had eleven subscriptions, five from practical nurses who knew nothing of the JOURNAL and were so glad to get it. Three were pupil nurses, and one the head of a hospital. You see there is a field that no one has taken up. Why should graduates be so unmindful of their neighbor, the practical nurse, who has her place in the world as well as the graduate? I. T. S., '83.

A GRADUATES' ANNUITY FUND

DEAR EDITOR: I wonder if we could find out through the JOURNAL how the nurses feel regarding a graduate nurses' annuity fund? Every alumnae association has its members, and as times goes on these increase, who for various reasons have not adequately provided for the future and to whom such a fund would be a great supplemental help. It might be offered indiscriminately, as the clergy retiring funds are, and refused by those not requiring it.

Our sick benefits meet a great need and, in some cases, can be drawn upon for the older incapacitated nurse, but would it not be a great forward step to have our organizations able to help our members in their extremities? The idea would be to give the annuity after a certain period of nursing, each member of the alumnae paying in a certain sum each year with the regular dues.

This plan seems more feasible than a home for nurses, certainly there is need for some practical plan to assist some members of every alumnae association, and this plan might have the advantage of teaching young nurses to think of the future.

A. L. S.

NATURAL AIDS TO RECOVERY

DEAR EDITOR: In restoring health to the sick, four things are vitally necessary: pure air, pure water, pure food, and bathing.

In most cases two quarts of pure water should be given daily, though sometimes this quantity has to be reached slowly. If nourishment is given every two hours, the water can be alternated with it. This amount of water is beneficial to the nerves, bowels, and kidneys, thus favoring sleep. Where there is fever, it runs about two degrees lower if this amount of water is given daily.

The cleansing bath should be given at about the same hour each morning and should include clean teeth, clean nostrils, ears, finger-nails, and toes, and is for the purpose of assisting in the elimination of the poisons with which

the tissues of the body are impregnated, the blood loaded, and the pores of the skin clogged. This bath, properly given, and with no chilling and unpleasantness to the patient, requires a full hour. Each part should be washed until it feels clean to the touch. A good doctor and good nurse can tell when a patient is clean both by glance and touch. A foot tub is required for the bath and the feet should be placed in it after washing the trunk of the body (as all nurses know) and one leg washed till it feels clean, thoroughly dried; then the other, then the toe-nails scrubbed with the brush which was used for the finger-nails, the feet washed and dried, and nails attended to. The nurse will be repaid for this painstaking bath in the improvement of the patient. The tub on the chair can be set close to the bedside so that the hand can be immersed and soaked. It will require this daily bath for at least seven days before the skin will feel clean, and the bath should be given daily whether there is fever or not, as long as the nurse is with the patient.

A good way is to ask the patient at the beginning if he is warm and if the room is warm; the reply will nearly always be "yes" and the future trouble of having the patient say that he was cold during the bath be avoided. The weakest of typhoid patients or the most delicate woman can be bathed with good results and with pleasure, if the bath is given thoughtfully and tactfully. The nourishment may have to be given before the bath is finished and should not go past the time. If it is milk, a glass of milk and a glass of ice can be set outside the room, the water turned off the ice when it is needed, and quickly gotten. If necessary the patient can be properly covered, told to rest while the nourishment is gotten, and after taking nourishment, the water is re-heated, and the bath finished without hurry, and all things well done.

The fresh night-dress and bedding should *always* be put over the radiator or before the grate to get thoroughly warm before the bath is begun. A hot-water bag should be placed at the feet before the bath, and cold feet after the bath will then always be avoided.

I have sometimes been told to assist cleanliness by giving a pint of normal saline solution per enema—not alone to wash the lower bowel but to loosen the effete matter which has probably become imbedded, at least slightly, in the lining of the intestine. It does not assist the action of the bowels by immediately removing the effete matter, but by putting the mucous membrane in a healthy condition. It is one of the very best disinfectants and is anti-constipating. In ordinary illness, if allowed to do so, I like to give a one pint enema before the bath and in the afternoon. It can be given as early as 3 P.M. and then all trace of it vanished by bedtime. A No. 14 American soft rubber catheter is the best rectal tube. The enema should be given high, and almost the drop-method is good. Twenty minutes is a good length of time for giving; the syringe should be hung about ten inches above the hips of the patient. If the bowels are not moving regularly, the bed pan should be given the patient at the same hour each morning and always before the enema, as this habit should be formed and the enema is not for the purpose of moving the bowels immediately.

The cause of most of the illness with which nurses in private work come in contact is not overwork, but is lack of pure air in the home, pure nourishing food, two quarts of water daily, and cleanliness of body. We may add to these, dissipation, and lack of self-control. The latter would include the

other five. By giving pure food, two quarts of water daily, pure air, and securing cleanliness of body we are assisting nature to re-establish herself.

Dr. Woods Hutchinson writes that the only true tonic is exercise following food. By taking nourishment every two hours and water every two hours regularly during the day, and the daily bath, the patient realizes that he is doing something and the bath takes the place of exercise.

One thing more which is very helpful in re-establishing a good circulation, over-coming the sleeplessness by natural causes, and also any derangement of the bowels, is a certain kind of thorough rubbing in the afternoon, following the enema. I do not mean a massage. The effect of a good rubbing is not immediately to produce sleep, but it produces sleep indirectly by helping the body to become strong and reach its normal condition. Rub each arm with a good firm pressure, the trunk, the back, each leg, and end with a good rubbing of the feet to start the circulation. The amount of strength used must be as the patient requires, but he always requires some.

If the patient has been dangerously sick you welcome the time when you observe that the news of the weather or something pertaining to natural things will be appreciated by him. It is an old truth that every one, old or young, in a normal condition, is interested in the weather. If, perchance, the nurse finds a minute for an extra long breath, and from her Testament reads to herself a verse or two, and the patient says "Would you as soon read aloud?"—the nurse knows that the best way to ascertain if he wishes to hear is to not mention it. She feels that he has physically been strengthened by her method of care, and that anything she may wish to introduce for his welfare will be unquestioningly received.

EDITH C. HUNTINGTON.

ORGANIZATION OF PRIVATE DUTY NURSES NOT NEEDED

DEAR EDITOR: In the February JOURNAL a private nurse suggested organization of private nurses. I do not think we need to organize. All nurses are striving to help those who need their aid, and as a body all nurses are classed as one.

A private nurse can keep in touch with her work if she takes journals and keeps up her studies. I don't mean by this that she should fill her suitcase with books. Those that are helpful to me are my *materia medica*, medical dictionary, and anatomy. Oftentimes there are drugs and terms that I forget, and if I wait until I get home they are usually forgotten, while if I have these books at hand and look them up, I seldom forget them. I also take several nursing journals that are useful to me and my roommate. They give a nurse so many good ideas that she can use successfully, many of which are not learned in training.

I am a member of my hospital alumnae, and state association, and am a registered nurse. I take interest in what my sister nurses do who are present at those meetings. While I cannot always be present,—very few times, I may add,—I believe the meetings are just as successful whether I am there or in a sick-room. There are always some who can make the meetings interesting, and we can reap the results in the next number of our journal.

I believe we have too many organizations. If we begin to feel we are growing dull, as to the newer ideals that our hospitals are teaching, a post-graduate course might refresh us to a certain extent.

I believe the private nurse's work is just as lasting, broadening, good, and interesting as visiting, missionary, and other work. We are all one, and are all striving for the same results,—to relieve, to educate, and to be helpful to our fellow creatures. I wish more felt as I do toward private duty, because we need more good nurses in our field.

Iowa.

S. E. L.

THE EXPERIENCES OF AN INSPECTOR

DEAR EDITOR: I appreciated very much your remarks in regard to the inspection of schools. I have been asked to do that work in my state this year. I visited a few schools last fall and was so overwhelmed with difficult problems that I gave up the work until I should have time to study and prepare myself to guide and advise in a more intelligent and helpful way. My own experience as superintendent of a small hospital is invaluable, but we meet with a different situation in each school.

INSPECTOR.

TALKS TO SCHOOL CHILDREN

DEAR EDITOR: I note a request, in your correspondent's department, for the experience of those who have talked to public school children on the sex problems. I have been Sanitary School Inspector in our city for two years, and during that time I have had to talk to boys three times on sex questions. The boys were seventh and eighth grade boys—the largest number I ever addressed was about 40, the other groups were smaller. Each time, the principal of the school (a lady) was present and introduced me ceremoniously, as one in authority, who knew that all she uttered was true. The boys behaved with perfect decorum, and I have been told that the solitary vices were much less than formerly. My talk was along the lines of strength and manliness—that yielding to vices was weakness, etc., etc.

I have never been asked to address girls. I do not think it would be wise to talk with equal plainness to them in a group. It must be done in a more private and personal way with a girl.

The most encouraging thing I have had in my work in the public schools here, is the Mothers' Meetings, which are held in the schoolhouses. To these I have talked, and that is where one can say what is most necessary for both the boys and the girls. I never speak for more than 20 or 30 minutes, and as the teachers serve tea and wafers afterwards, I remain and eat with the mothers, and they come to me and ask questions about many things that trouble them, and then I can drive home still more closely the gospel of purity we are all trying to teach.

The following list of books, taken from a late number of the *Review of Reviews*, may prove helpful: Dr. Francis H. MacCarthy's "Hygiene for Mother and Child" (Harper); Mrs. Burton Chance's "Mother and Daughter" (Century); Sir Oliver Lodge's "Parent and Child" (Funk & Wagnalls); Dr. Le Grand Kerr's "Care and Training of Children" (Funk & Wagnalls); Margaret Slattery's "The Girl in Her Teens" (Sunday School Times); and Dr. Edith B. Lowry's "Confidences—Talks with a Young Girl Concerning Herself" (Forbes & Co., Chicago).

MRS. H. C. LOUNSBERY,
Sanitary School Inspector,
Charleston, West Va.

NURSING NEWS AND ANNOUNCEMENTS



NATIONAL

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

TICKET of nominations for officers for 1911, to be voted upon at the annual meeting in Boston:

For president: Sarah E. Sly, Birmingham, Mich. Second nomination from the floor.

For first vice-president: Mrs. A. R. Colvin, St. Paul, Minn., May E. Loomis, Seattle, Wash.

For second vice-president: Margaret Dunlap, Philadelphia, Pa., Emma M. Nichols, Boston, Mass.

For secretary: Agnes G. Deans, Detroit, Mich., Georgia M. Nevins, Washington, D. C.

For treasurer: Mrs. C. V. Twiss, New York, N. Y. Second nomination from the floor.

For directors: Mary M. Riddle, Newton Lower Falls, Mass., Genevieve Cooke, Oakland, Cal., Ida F. Giles, Philadelphia, Pa., Mrs. Frederick Tice, Chicago, Ill.

SUGGESTIONS FOR REORGANIZATION OF MEMBERSHIP IN THE ASSOCIATED ALUMNÆ BY THE COMMITTEE ON CONSTITUTION AND BY-LAWS

THE COMMITTEE ON CONSTITUTION AND BY-LAWS has studied carefully the question of a reorganization of membership which will prevent duplication, yet give a chance for fair representation from all parts of the country. It presents the following suggestive outline for discussion by the societies previous to the annual meeting in Boston.

Membership may consist of 1, the charter and present permanent members; 2, state presidents, ex-officio; 3, delegates from county associations having individual membership.

Charter and permanent members to pay yearly dues, and to retain membership as long as these dues are paid. No new permanent members to be created. Each charter or permanent member to have one personal vote, and not to represent a county society as delegate.

States to pay dues for their presidents at the rate of \$5.00 a year for each state. The state presidents to constitute an advisory council to meet with the Executive Committee of the Associated Alumnae just before and just after the convention, to decide upon the form in which matters shall be presented to the association, and to confer as to the carrying out in the states of the plans formed by the national association. State presidents to have one vote each in open meeting of the convention, but no vote before or after, and no voice in the appointment of committees. No state president to act as delegate from a county society.

The county delegates to be at the rate of one to each hundred members, except where a society has less than one hundred when it shall have one delegate. Dues and votes to be in proportion to the number of delegates, as may be decided.

SARAH E. SLY, Chairman,
KATHARINE DE WITT, R.N.,
CLARA D. NOYES, R.N.

NOTICE

SARAH E. SLY, secretary of the JOURNAL Company, and chairman of the reorganization committee of the Associated Alumnae, who has been spending the winter in Wilkesbarre, Pennsylvania, has returned to her home in Birmingham, Michigan. All mail should be addressed to her there until further notice.

REQUEST FROM PENSION FUND COMMITTEE

INDIVIDUAL NURSES, of any organization of nurses, who have started or know of any benefit Pension Fund or Home for disabled or incapacitated nurses, in existence or being started anywhere in the United States, will be of great assistance to the National Committee on Pension Fund by communicating with the chairman, L. A. Giberson, R.N., 4501 Chestnut Street, Philadelphia, Pa. A meeting of the committee will be held in Boston at the time of the meetings of the Associated Alumnae.

CONTRIBUTIONS TO THE ISABEL HAMPTON ROBB EDUCATIONAL FUND

Previously acknowledged	\$2522.25
Edith Madiera	4.00
Pupils, St. Luke's Training School, South Bethlehem, Pa.	10.00
Nurses of Naval Hospital, Mare Island, Cal.	10.00
Alumnae Association, Homœopathic Hospital, Rochester, N. Y.	25.00
Nancy E. Cadmus (applied on pledge for \$100)	20.00
Emily Mussen	1.00
Boston and Massachusetts General Hospital Training School Alumnae Association	100.00
Pupils, Vassar Brothers Hospital School for Nurses, Poughkeepsie, N. Y.	8.00
Mae L. Bates, R.N.	10.00
Georgia State Association of Graduate Nurses	50.00
Janet G. Grant	10.00
Nurses' Alumnae Association, St. Luke's Hospital, New Bedford, Mass.	63.00
Collected by Miss Maxwell:	
Mrs. Julia G. Lyle	100.00
M. L. C.	100.00
Miss A. Stolps	2.00
Pupils of Presbyterian Hospital Training School, New York	36.00
Bertha Eaton	10.00
A. D. Van Kirk	50.00
Lydia E. Anderson	50.00
Class of 1901, Illinois Training School for Nurses:	
Miss Jamieson	1.00
Mrs. Matter	1.00

Miss Foltz	\$1.00
Mrs. Tiekens	1.00
Mrs. Dietrich	2.00
Miss Rogerson	1.00
Miss Lawrence	1.00
Mrs. L. A. Moore	1.00
Mrs. Thurman	1.00
Miss Lochhead	1.00
Miss Dilatush	1.00
Miss Williamson	1.00
Miss Tovrea	1.00
Miss Grannis	1.00
Mrs. Spicer West	1.00
Miss Voigt	1.00
Miss Romine	1.00
Miss Perkins	1.00
Miss Baldwin	1.00
Mrs. McCready	1.00
Miss Bowens	1.00
Mrs. McMillan	1.00
Miss N. G. Miller	1.00
Mrs. Hammer	1.00
Mrs. Price	3.00
E. V. R.	100.00
Pupils of St. Louis Training School for Nurses	10.00
Ida F. Giles, R.N.	5.00
Hahnemann Hospital Alumnae Association, Philadelphia, Pa.	10.00
Total	\$3334.25

The committee would like to send a word of appreciation to each of these subscribers. Especially gratifying is the increasing number of contributions from pupil nurses, the women who by their interest and activity must help to perpetuate the memorial, as they will be the ones to profit from its advantages.

State associations are coming to the fore—the highest contribution thus far being from one such,—five hundred dollars (\$500.00); and this month is reported a class organization that sends one hundred and twenty-eight dollars (\$128.00). A very good beginning.

HELEN SCOTT HAY, R.N., Chairman,
509 Honore Street, Chicago, Ill.

REPORT OF JOURNAL PURCHASE FUND TO MARCH 15, 1911

Previously acknowledged	\$250.85
Frances McLennon, Detroit, Mich.50
	<hr/>
	\$251.35

DISBURSEMENTS

February 15, two shares of stock purchased from Bellevue Hospital Training School Alumnae Association.....	\$200.00
Balance, March 15, 1911	51.35
	<hr/>
	\$251.35

The Nurses' Associated Alumnae of the United States now owns seventy-three shares of stock of the AMERICAN JOURNAL OF NURSING. Over \$300 in subscriptions pledged to the purchase fund at the last annual meeting, in New York, remain unpaid. It would be greatly appreciated if these pledges could be paid immediately, as the completion of the fund and the transfer of the ownership are among the most important items of unfinished business of the Association.

M. LOUISE TWISS, R.N., Treasurer,
419 West 144th Street, New York City.

CHANGES IN THE NURSE CORPS OF THE U. S. NAVY

APPOINTMENTS: Blanche M. Alexander, Long Island College Hospital, Brooklyn, N. Y., post-graduate, Long Island City Hospital, N. Y., February 15, 1911; Ruby M. Covert, Norfolk Protestant Hospital, Norfolk, Va., February 15, 1911; Katherine W. Patterson, Jefferson College Hospital, Philadelphia, Pa., February 23, 1911; Frida Krook, Queen Sophia's Home for the Sick, Stockholm, Sweden, post-graduate, Mercy Hospital, Denver, Colo., February 28, 1911; Frances McDonald, Hospital of the Good Shepherd, Syracuse, N. Y., March 1, 1911.

PROMOTIONS: Sara M. Cox, nurse, to acting chief nurse, U. S. Naval Hospital, Norfolk, Va., January 20, 1911; Margaret L. Haas, acting chief nurse, to chief nurse, U. S. Naval Hospital, Annapolis, Md., January 20, 1911; J. Beatrice Bowman, nurse, to chief nurse, U. S. Naval Hospital, Philadelphia, Pa., February 23, 1911.

RESIGNATIONS: Loretta McDonald, nurse, January 1, 1911; Rita Lord Scudder, nurse, January 31, 1911.

TRANSFERS: Ada M. Pendleton, nurse, from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Medical School Hospital, Washington, D. C., December 15, 1910; Margaret L. Haas, acting chief nurse, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Annapolis, Md., as chief nurse, January 20, 1911; Clare L. De Ceu, chief nurse, from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Medical School Hospital, Washington, D. C., as chief nurse, January 22, 1911; Louise M. Pitz, nurse, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va., January 31, 1911; J. Beatrice Bowman, chief nurse, from U. S. Naval Hospital, New York, to U. S. Naval Hospital, Philadelphia, Pa., February 23, 1911; Elsie T. Patterson, nurse, and Anna A. Wayland, nurse, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, Norfolk, Va., February 24, 1911; Mary Palmer, nurse, and Julia H. Fisher, nurse, from U. S. Naval Hospital, Annapolis, Md., to U. S. Naval Hospital, Mare Island,

Cal., March 1, 1911; Mary T. O'Connell, nurse, from U. S. Naval Hospital, New York, to U. S. Naval Hospital, Mare Island, Cal., March 1, 1911; Antoinette Montferrand, nurse, from U. S. Naval Medical School Hospital, Washington, D. C., to U. S. Naval Hospital, New York, March 3, 1911.

LENAH S. HIGBEE,
Superintendent Nurse Corps, U. S. N.

MAINE

Portland.—THE MAINE GENERAL HOSPITAL ALUMNÆ ASSOCIATION held a meeting on the evening of March 1, at the home of Alice M. Lord. In the absence of the president, Mabel Blanchard, the chair was filled by Edith Soule, superintendent of the Children's Hospital. Six nurses were elected to membership, and five new names were proposed. It was voted to adopt the form of legal paper requiring nurses who register to abide by the rules of the registry, a copy of the same to be spread on the records. A letter was read from a nurse who is ill in California, showing her grateful appreciation of a sick benefit received. A great desire is shown by the members for increasing more rapidly the sick benefit fund, and plans for doing so were discussed. The question of forming a nurses' club in the city was left to be discussed later. Refreshments were served. The next meeting will be held in the hospital class room on April 5.

VERMONT

Brattleboro.—MARY E. SHUMACHER, who was for a number of years superintendent of the Samaritan Hospital, Troy, N. Y., has accepted the position of superintendent of the Brattleboro Memorial Hospital. She succeeds Elsie P. McClosky, who has gone to the Philippine Islands to take charge of the Philippine General Hospital.

CONNECTICUT

Hartford.—HARTFORD HOSPITAL held commencement exercises for its thirty-second class of nurses and for the opening of the annex to the nurses' residence, on the evening of March 10, at the residence. The address of the evening was made by Dr. W. H. Smith, formerly superintendent of the hospital, then of Bellevue and Allied Hospitals, and now of Johns Hopkins Hospital. The diplomas were presented to the 22 graduates by Dr. P. H. Ingalls. Two prizes in gold were awarded for first and second standing in theoretical and practical work, one presented by Dr. O. C. Smith, the other by the alumne association of the school. They were given to Nellie Gates Brown and Helen Laura Horton. A reception followed the exercises when the beautiful new home was crowded with appreciative guests.

THE HARTFORD HOSPITAL ALUMNÆ ASSOCIATION held its February meeting on Valentine's Day, and was the occasion of a valentine party, with refreshments served by Miss Hannah Russell, the president. Miss Hollis was appointed secretary pro tem. The minutes of the last meeting were read and accepted. Five names were presented for membership. Alice H. McCormac, R.N., and Sarah Carroll, R.N., were appointed delegates to the Associated Alumne meeting in Boston. Following the business meeting, Janet Campbell gave a carefully prepared paper on the "Life of Florence Nightingale." At the March meeting,

papers will be read on School Nursing, by Miss McCormac, of Hartford, and Julia Johnson, of New Britain.

New Haven.—THE CONNECTICUT TRAINING SCHOOL ALUMNÆ ASSOCIATION held a regular monthly meeting with Miss A. Barron, second vice-president, in the chair. The delegates to the Associated Alumnae meeting in Boston were appointed: Mrs. Smith, first; Miss A. Barron, second; alternates: Margaret Stack, first; Miss Mulcahey, second. The secretary read a letter announcing the death of Mary Hammond, class of 1890, and was instructed to write a letter of condolence to Miss Hammond's relatives. After a lengthy discussion on the matter of assessments, the meeting adjourned to April 6, when the question of assessments will be brought up for discussion, and the discussion will form a precedent for future action along that line. Each member will do well to give this her thoughtful consideration. If unable to attend, she is asked to send her opinion in writing to the secretary, Mrs. I. Wilcox.

NEW YORK

QUESTIONS OF THE FIFTEENTH NURSES' EXAMINATION

Medical Nursing and Nursing of Children (Tuesday, January 31, 1911, 9.15 A.M. to 12.15 P.M., only).—1. Differentiate communicable disease, contagious disease, and infectious disease. 2. Mention the three stages of measles and give the approximate duration of each. 3. Mention a common complication of measles. 4. Describe the protective apparel that should be worn by the nurse when irrigating the throat of a diphtheria patient. 5. What is the normal temperature of an infant? 6. What is the appearance of the healthy movement of a child that is taking no nourishment but milk? 7. At what age do children usually begin to cut their teeth? 8. Mention *two* symptoms that may indicate teething. 9. What nursing measure may be employed for the relief of nervous headache? 10. Under what conditions are nutritive enemas ordered? 11. Describe the appearance of hemorrhage from the lungs and state immediate nursing care. 12. Mention *three* methods of applying heat locally. 13. Mention *two* symptoms that differentiate an epileptic seizure and a hysteric attack. 14. State the nursing care of a child in convulsions caused by disturbance in the gastro-intestinal tract. 15. Mention *two* important nursing points in caring for a patient afflicted with heart disease.

Anatomy and Physiology (Tuesday, January 31, 1911, 9.15 A.M. to 12.15 P.M., only).—1. What is the chemical composition of bone? 2. Name and locate the bones of the lower extremity. 3. What is fibrinogen? 4. Mention *three* conditions that hasten coagulation of the blood. 5. Mention *three* conditions that retard coagulation of the blood. 6. How are the distant parts of the body connected with the brain and spinal cord? 7. What changes in the external air result from breathing? 8. Give in cubic feet a fair allowance of air space per person. 9. What are the lacteals? 10. How far down does the spinal cord extend? 11. Name the four divisions of the permanent teeth. 12. Name the four coats of the stomach. 13. Name the three solid foodstuffs. 14. Define (a) atrophy, (b) climacteric, (c) diffusion. 15. Define (a) diastole, (b) systole.

Obstetric Nursing (For Female Nurses) (Wednesday, February 1, 1911, 9.15 A.M. to 12.15 P.M., only).—1. Mention the most common presentation of the fetus. 2. What presentations of the fetus may there be other than

that called for in question 1? 3. When during labor should the nurse prepare (a) the bed, (b) the patient? 4. What articles would you have in readiness for the physician's use? 5. What articles are most important to have in readiness for the care of the newborn infant? 6. Define each of the following: occiput, Wharton's jelly, craniotomy, synphysiotomy, parturition, viable. 7. When would you give a newborn infant his first tub bath? 8. At what temperature would you have the bath for a newborn infant? 9. How would you sterilize sheets, towels, and dressings in a private house? 10. What is the nurse's first care of the newborn infant? 11. If the nurse is to guard the uterus during the third stage what points should she observe? 12. What precautions should the nurse take to prevent trouble with the breasts? 13. How often in 24 hours would you put the infant to the breast? 14. How many dejections should the infant have in 24 hours? 15. State the color and the character of the dejecta after the meconium has been expelled.

Materia Medica (Wednesday, February 1, 1911, 9.15 A.M. to 12.15 P.M., only).—1. What are the names of the weights used in the apothecaries' table? 2. Classify the following drugs: bichloride of mercury, sweet spirit of niter, croton oil, digitalis, caffeine. 3. Name *three* drugs that cause death in a few minutes. 4. Define expectorant. 5. Name *two* expectorants. Give the use or uses, action and dose of each expectorant named. 6. Define digestant. 7. Assume that you are ordered to give gr. $\frac{1}{16}$ of strychnia to a child (q. 3 h.) and that you have tablet gr. $\frac{1}{8}$; how many doses have you and how would you divide the quantity accurately? 8. Give the action and the use of pepsin. 9. Define rubefacient. 10. Name *three* rubefacients. 11. Give the action, use and dose of nux vomica. 12. Define tonic. Name *three* tonics. 13. Name *three* drugs of animal origin and give their uses. 14. Define antiseptic. 15. Name *three* antiseptics commonly used.

Diet Cooking (Thursday, February 2, 1911, 9.15 A.M. to 12.15 P.M., only).—1. Why should the nurse have a working knowledge of dietetics? 2. Classify the food principles as (a) organic or inorganic, (b) nitrogenous or non-nitrogenous. 3. Explain why carbohydrates alone are not sufficient for a dietary. 4. Name the digestive ferments and give their functions. 5. Describe in detail the proper care of milk from the time it is drawn till it is used. 6. Compare the advantages and the disadvantages of sterilized milk with those of pasteurized milk. 7. Trace the digestion of a glass of milk. 8. State why it is important for a convalescent typhoid patient to resume solid food gradually. 9. What diet would you give to an anæmic patient, if the matter were left to your discretion? 10. What is the effect of heat on (a) starch, (b) albumen? 11. What is cellulose and what is its value? 12. What is the disadvantage of boiled water and how may this disadvantage be overcome? 13. Give *four* points to be considered in the preparation of an invalid's tray. 14. Give concisely the ingredients and the method of preparation of (a) beef tea, (b) oatmeal gruel. 15. Why is it best to surround the cups with cold water when putting custards in to bake?

Bacteriology and Surgery (Thursday, February 2, 1911, 9.15 A.M. to 12.15 P.M., only).—1. Why are surgical dressings, when sterilized with steam *not* under pressure, steamed more than once? 2. What means are used to control hemorrhage? 3. What are the advantages of fumigating with formaldehyde gas. 4. Give *four* points about which one should be careful in removing a dressing from a wound. 5. Why should a dressing be reinforced as soon as discharge

comes through? 6. Why is it necessary to keep the operating room warm during an operation? 7. Define hypodermoclysis. For what purposes is hypodermoclysis used? 8. Mention *four* dangers for which a nurse should watch after a patient has been operated on. 9. How should an operating room be dusted? How should the tiled floor of an operating room be cared for between operations? 10. For what is the sponge nurse held responsible during an operation? 11. Define amputation, fracture, hernia, micro-organism, traumatic. 12. What precautions should be taken in removing the clothing of a person who is badly burned? Why? 13. Give the nursing treatment of a patient suffering from shock caused by hemorrhage. 14. Give *four* points to be remembered in connection with placing a patient on the operating table. 15. Give a method of cleansing and sterilizing rubber gloves for immediate use.

New York.—THE NEW YORK COUNTY SOCIETY will hold a meeting at the Central Nurses' Club, 54 East 34th Street, on Tuesday, April 4, at 8 P.M.

THE MANHATTAN AND BRONX ASSOCIATION will hold a regular meeting at the Central Nurses' Club, 54 East 34th Street, on April 10, at 4.30 P.M.

THE CENTRAL CLUB FOR NURSES has a French class conducted by Madame Stillman on Thursday evenings. Mrs. Martha Foote Crowe will conclude her delightful course on *The Bible as Literature* by giving, on April 2, at 7 P.M., "The Book of Job With its Dramatic and Epic Elements"; April 9, "Poetic Imagery in the Gospels"; April 16, "The Life of Jesus as Treated in Literature." On February 20 the graduates of the German Hospital gave a reception to the retiring and the new superintendents of the training school, Miss Charlotte Ehrlicher and Miss Schultz. On April 27, St. Luke's Alumnae will give a birthday party at the club. Each guest will be supplied with a bag made from the uniform material and will be invited to be as generous as he or she may wish.

THE ALUMNAE ASSOCIATION OF BELLEVUE TRAINING SCHOOL FOR NURSES on the opening of the new Club House, Osborne Hall, 426 East 26th Street, will hold a fair and bazaar on the afternoons and evenings of April 5 and 6, from 2 until 10 P.M. It is the aim of the nurses to raise a fund for the maintenance of the Club House, the use of which was so generously given them, and they ask such co-operation in funds and gifts as will make the bazaar the starting point of a permanent fund for this need.

The Nurses' Registry will be transferred to Osborn Hall which will be of service to all doctors, and such of them as attend the hospitals and dispensaries in the neighborhood will be glad to know that the restaurant there is available for them.

THE NEW YORK HOSPITAL ALUMNAE ASSOCIATION held a meeting on February 9 at the Nurses' Home. It was decided to give \$200 to the Isabel Hampton Robb Educational Fund. After the business meeting there was a musicale and social hour. Florence Wright has resigned her position with the Italian Hospital to fill one at Wanamaker's. Amy Holmes has resigned her position of superintendent of the Mills Training School.

ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held a special meeting at the hospital on January 24 to act upon matters in connection with the endowed room. It was decided to pay \$3,000 for further endowment of the room. On the evening of February 7 the annual reception to the senior class was given in the Home. A minstrel entertainment was given, followed by a dance. Virginia Chetwood, who has taken a course in philanthropy, is engaged in

sociological work at Bellevue. Beginning on March 1, the innovation of a nurse anesthetist was introduced into the operating room system. Dr. Luke has instructed Miss Keller, class of 1910, for the position.

THE POST GRADUATE HOSPITAL is giving a six months' course in the giving of anesthesia to the graduates of its own school. This was started in November, 1910. Besides giving the theory and practice of anesthesia, under the instruction of a special anesthetist, the course includes: anatomy and physiology of the heart and respiratory organs, urine analysis and intubation and tracheotomy. Pupils have the opportunity of watching cases on the wards after operation, thus being able to observe the results of the various methods of administering anesthetics. The object of the course was, primarily, to supply experienced anesthetists for its own operating rooms, but has been broadened to take in a larger number, enabling nurses to train there, and take positions as anesthetists in other institutions. The course has proven most successful, the surgeons are beginning to realize the benefit of having a regular trained anesthetist, whose whole interest is centered upon the patient, relieving them of a great deal of anxiety as to the condition of the patient during the operation.

PUBLIC HEALTH LECTURES. The valuable series given at the Academy of Medicine will be concluded on April 5, at 8.15 p.m., with a paper on "The Piers, Out-door Hospitals, and Summer Homes," by Jane E. Robbins, M.D., and one upon "Ventilation of Schools and Hospitals," by John Winters Brannan, M.D.

ST. FRANCIS HOSPITAL has just opened a new four-story building to be used for housing the staff of the hospital.

SLOANE HOSPITAL FOR WOMEN (its new name) has opened a new pavilion for the treatment of gynecological cases.

THE NEW YORK DEPARTMENT OF HEALTH has added infantile paralysis to the list of communicable diseases and requires that cases be reported within 24 hours after recognition.

THE NATIONAL ACADEMY OF DESIGN will have its annual exhibition on view at the Fine Arts Gallery until April 16. The annual exhibition of the Water Color Society will be at the same place from April 27 to May 21.

Brooklyn.—THE KINGS COUNTY GRADUATE NURSES' ASSOCIATION held its annual meeting on February 16 at the County Medical Building. Reports of the secretary and treasurer were most encouraging, especially the financial condition of the association. The report of the Credential Committee showed a large increase in individual membership. Much of this interest is due to the excellent work of the chairman, Elizabeth Tuttle. It is regretted that she cannot serve on the committee another year, as she has entered the course in social service at Teachers College. The society discussed the advisability of changing the constitution and by-laws, and it was voted that the usual notice of such intention be given at an early date. A communication from the Brooklyn Juvenile Probation Association, requesting an audience for the presentation of its work, was presented by Miss Kenny. A committee composed of Miss Parry, chairman, and the secretaries from the other societies, was appointed to make arrangements for this occasion. Three members were appointed on the Red Cross standing committee, Miss Pond (Memorial), Miss Kenny, and Miss Kurtz. The Memorial Alumnae Association invited the society to be its guests some afternoon in May, which invitation was accepted. The nominating committee's

report showed the following elections for the ensuing year: president, Martha Parry, R.N. (Memorial); vice-presidents, Miss Whitely, R.N. (Brooklyn), Anna Davida, R.N. (Long Island), Miss Wall, R.N. (St. Mary's); recording secretary, Miss Horrocks, R.N. (German); corresponding secretary, Mrs. Alberta R. Hinrichsen, R.N., Shore Road and 83d Street, Brooklyn; treasurer, Dorothea MacDonald, R.N. (St. Mary's).

THE BROOKLYN HOSPITAL TRAINING SCHOOL ALUMNÆ ASSOCIATION gave a Valentine Tea at the Club House on the 14th of February which was enjoyed by a goodly number. The house was prettily decorated with spring flowers and the refreshments were dainty and appetizing. Twenty-five dollars was raised toward the Isabel Hampton Robb Educational Fund. The weather was rather unpleasant and prevented many from being present.

THE SENEY JOURNAL for March gives reports of the meetings of the alumnae association of the Methodist Episcopal Hospital for the four months previous. The association is to be incorporated, and is revising its constitution. Money is being raised for an endowment fund. Ida M. Hall, class of 1902, has accepted the position of night supervisor of the German Hospital, Brooklyn. Elizabeth Tuttle is taking a course in social service work at Columbia University. Alice Ranney, class of 1896, has resigned her position as nurse in charge of social service work at Lakeside Hospital, Cleveland, and is caring for a sister in Colorado.

Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION held its February meeting at the home of the president, Sophia F. Palmer. Mrs. Linsay told of the Metropolitan Life visiting nurse work; Mrs. Hixon, of the problems of the school nurse; and Miss D'Olier, of her new work in maintaining good health for mothers and their babies.

HAHNEMANN HOSPITAL TRAINING SCHOOL has forty-five nurses in training and will graduate a class of fifteen in the spring. Miss Currier, of Alkana, Michigan, has been appointed surgical nurse; Miss Fisher, of Grand Rapids, night superintendent. The nurses' home is soon to be enlarged.

PENNSYLVANIA

Philadelphia.—JANE A. DELANO, R.N., Superintendent of the Army Nurse Corps, spoke before the local Superintendents' Society on March 13, and addressed nurses in general on the 14th.

Pittsburgh.—THE SOUTH SIDE HOSPITAL held commencement exercises for the class of 1911 on the evening of March 14, in the South Side Presbyterian Church. Addresses were given by Professor John A. Brashear and Isabel McIsaac. The diplomas were presented by Dr. H. E. McGuire. There were six graduates. A reception followed the exercises, in the hospital.

THE VISITING NURSES of the city have formed a Visiting Nurses' Association with the hope of having the city districted and a visiting nurse placed in each district. The movement seems to meet with the approval of all progressive societies employing nurses, and the nurses are now busy finding ways and means of raising funds to employ more nurses to take charge of districts not covered at present.

DISTRICT OF COLUMBIA

THE GRADUATE NURSES' ASSOCIATION has appointed Binnie F. Calvert as registrar of the directory. On February 14, the members were addressed by

Jane A. Delano, R.N., who spoke on her trip to the Philippines. On February 28, Dr. T. C. Martin lectured on "Nursing in Proctologic Cases."

Washington.—LUCRETIA S. SMART has accepted the position of superintendent of nurses at the National Homœopathic Hospital. Miss Smart has been for several years in charge of the Relief Station of the Boston City Hospital, and had previously held positions as superintendent of Provident Hospital, Chicago; superintendent of nurses, Minnequa Hospital, Boulder, Colo.; and assistant superintendent of nurses, Rochester City Hospital, Rochester, N. Y.

M. A. WALSH, R.N., is working in connection with the Juvenile Court.

VIRGINIA

Alexandria.—NAOMI A. SIMMONS, former superintendent of Virginia Hospital, Richmond, now superintendent of Alexandria Hospital, has obtained six months' leave of absence from her duties, and sailed March 8 for a European tour, to return in September. Helen Johns, of Washington, a graduate of Alexandria Hospital, will have charge of that institution until Miss Simmons returns.

THE ANTI-TUBERCULOSIS LEAGUE has arranged to put a visiting nurse in the field. Sarah Shotts, class of 1910, Alexandria Hospital, has accepted the position and will begin her work on May 1, after taking a special course in nurses' settlement work at Washington, D. C.

GEORGIA

THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations for registration on April 17, 18, and 19, in Atlanta and in Savannah. All applications must be filed with the secretary 15 days in advance of the first date.

EMILY R. DENDY, R.N., Secretary,
822 Greene Street, Augusta, Ga.

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Macon, April 20 and 21, 1911.

ANNA BRUNDAGE, R.N.,
Corresponding Secretary.

OHIO

Cleveland.—THE ST. CLAIR HOSPITAL ALUMNÆ ASSOCIATION held a banquet at the Colonial Hotel, on the evening of February 11, in honor of a class of nurses just graduated from the school. A sumptuous repast and some interesting toasts made the evening a most enjoyable one.

Cincinnati.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular monthly meeting on March 3 at the hospital, with a slim attendance. The treasurer's report in regard to the sick benefit fund proved very satisfactory. The president appointed Elsie Tyrwhitt and E. Dooley on the nominating committee. Ernestine Mielziner read interesting accounts written by two graduates in other cities,—Hannah Buchanan, attending Columbia University, New York City, and Mrs. A. Keeble, Hamilton, Canada. The reading of Mrs. B. Cochnower's articles concluded an excellent programme.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold a meeting April 28 and 29, 1911, Capitol Building, Lansing, Michigan, for the purpose of examining non-graduate applicants and of passing upon the applications of graduate applicants.

Very truly yours,

F. W. SHUMWAY,
Secretary.

THE MICHIGAN STATE NURSES' ASSOCIATION will hold its seventh annual meeting in Jackson, Michigan, May 3, 4 and 5, 1911.

FANTINE PEMBERTON, R.N.,
Corresponding Secretary.

Ann Arbor.—THE WASHTENAW COUNTY GRADUATE NURSES' ASSOCIATION held a special meeting at the club rooms on March 10. New members were admitted, and the Red Cross committee selected for the approval of the state committee. The registry connected with the club rooms has been in existence since October 1, 1910. It is in charge of a graduate nurse, Antoinette Light, and the report of its work is highly satisfactory.

WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting March 7, 1911, at 2.30 P.M., in the Athenæum, Milwaukee. There were thirty-two members present. The meeting was called to order by the president, Miss Kelly. Minutes of previous meeting were read and approved.

On account of being out of the state, N. Elizabeth Casey tendered her resignation as member of the Board of Directors of the Association. It was moved by Miss Kluckow and seconded by Miss Dineen that the vacancy caused by Miss Casey's resignation be filled by the Board of Directors. Motion carried. Stella S. Mathews, chairman of the Legislative Committee, presented the following report:

"At the close of the last meeting of this association, February 7, a Bill 189-A, relating to registration for nurses, which had been introduced in the State Assembly, was given to the president by a member from Madison. The president then called a meeting of the Board of Directors for the consideration of this bill, and to decide what action to take, if any. As the hour was late, the meeting adjourned to meet at eight o'clock. These facts were contained in the secretary's report, but it may be advantageous to call your attention to them again. You know that the introduction of a bill relating to registration for nurses was rather a surprise to us all. We were flattering ourselves that we had plenty of time and would send a representative through the state to educate the nurses and doctors. The tables are turned and we are being educated. What proficiency we attain in this process of education will be another story. At this meeting of the Board of Directors on the 7th, it was decided to retain counsel, and Mr. Black was chosen for our legal advisor. The president was empowered to appoint committees whenever she might deem it necessary. The laws of different states, in our possession, were carefully considered, and the Illinois law was considered the one that would most nearly meet our needs. It was suggested that a bill similar to the Illinois law be drawn up and presented, as a substitute for bill 189-A, to the Com-

mittee on Public Health and Sanitation, to which committee 189-A had been referred. The meeting then adjourned. February 8, Miss Kelly, Mrs. Bradshaw, and I consulted with Mr. Black, going over with him Bill 189-A and the Illinois law. Mr. Black advised us to become familiar with the personnel of the Committee on Public Health & Sanitation; then to ask the chairman to give us a hearing, and to send as representatives before the committee, nurses representing different branches of nursing; say, superintendent of general hospital, superintendent of visiting nurses' association, superintendent private hospital, and private duty nurse. Also to get whatever letters or literature we could, favoring registration of nurses, from other states. The matter of a hearing before the committee was left for Mr. Black to attend to. On Friday, February 9, it was suggested by friends of the nurses that it would be a good time to offer a resolution in favor of the proposed substitute bill, before the Milwaukee County Medical Society for their endorsement. This resolution was drawn up, presented to the society, and, after some warm discussion, was referred to the Committee on Legislation. On Monday, the 13th, the chairman of the Milwaukee County Medical Society, Dr. McMahon, desired to meet with a committee from our association. Miss Kelly had appointed a working legislative committee, consisting of Miss Kelly (as president), Miss Tompkins, now Mrs. Davis, Mrs. Bradshaw, Miss Maher, Miss Haswell, with myself as chairman. This committee, with the exception of Miss Tompkins, Miss Maher and Miss Haswell, met at 12.15 on the 13th, in Room 512 Goldsmith Building, with Drs. Patek, J. J. McGovern, Myers, and McMahon. Bill 189-A and the Illinois law were again discussed, all agreeing that 189-A was a very feeble bill; the doctors opposing a separate board of Examiners, and suggesting that a board be appointed by the State Board of Health or State Board of Medical Examiners, said board to be composed of doctors and nurses. Nothing much was gained at this meeting, but the chair volunteered to write Dr. Youmans, chairman Committee on Public Health and Sanitation of the Assembly, asking for a hearing before bill 189-A was considered. No more work was done that week other than clerical work until Saturday when a letter was received from Mr. Black. Late that afternoon Mr. Black was asked to draft a bill which we would offer to the committee as a substitute, providing we could not get Mr. Hansen or the nurses who were instrumental in having Mr. Hansen introduce Bill 189-A, to offer it. This bill differs slightly from the Illinois law. Mr. Black had a number of copies of this substitute bill made and sent me at 512 Goldsmith Building. These copies were shown to several members of the medical profession, and, with the exception of the clause asking for a separate board, they all agreed that it was a much better bill than 189-A. During some of our telephone conversations, Miss Kelly said she had been advised that we had better have legal advice with us when appearing before the committee at Madison. So Mr. Black was asked to go, and agreed to be there by one o'clock March 1. On the 28th of February, the committee appointed by Miss Kelly, with the exception of Mrs. Davis, who will not be with us for some time, but whose best wishes we surely have, and Miss Maher, left on the 5.05 train from the Chicago, Milwaukee, and St. Paul station for Madison. We were met there by Miss Haswell, the other member of the committee. On the morning of March 1, at 8 A.M., Miss Kelly, who deserves great credit for her work, met some of the assemblymen to whom she had

letters, was taken up to the State Capitol into the House of Representatives, where we met her in half an hour, talking to various members of the legislative body. The men were all most courteous, and assured us of their support, but all doubted the advisability of our asking for a separate board. We met Mr. Black and went up to Room 322 where the hearing was to be. Dr. Youmans, chairman of Committee on Public Health and Sanitation, called the meeting to order and asked for any remarks in favor of bill 189-A. Friends of the bill who had been present were compelled to retire for the purpose of registering. So as not to waste time, objections to the bill were called for. Miss Kelly in behalf of the State Nurses' Association presented the substitute, as it had not been possible to have Mr. Hansen do so. Miss Kelly was followed by Mr. Black who, in a most convincing manner, compared the bills, showing the weakness of bill 189-A, and the strength of the bill we desire to have substituted. Mr. Hansen, father of the bill 189-A, and some other of its friends, were then heard, and the committee, after telling us we should have another hearing, went into executive session. Most of the members of the committee talked with us after the hearing and assured us of their interest and promised to do what they could for us. The letter of Mr. Black brings the work of this committee up to date."

After the reading of the above report, discussions took place. The chair requested the members to offer their suggestions regarding the Board of Examiners for the bill. In the event the legislature denies a separate board, the nurses would be placed either under the Board of Public Health and Sanitation or the State Board of Medical Examiners. The entire matter being such a surprise to the meeting, few were able to express their preferences, and no definite conclusion could be arrived at; however, the sentiment of the meeting was strongly in favor of the Board of Medical Examiners. The education programme for the April meeting will be on Nurses' Ethics, and for the May meeting, on Almshouse Nursing. On motion, meeting adjourned,

REGINE WHITE, Secretary.

MINNESOTA

St. Paul.—RAMSAY COUNTY GRADUATE NURSES' ASSOCIATION held its regular monthly meeting at the nurses' home with the president in the chair. The credential committee reported three new members. Fourteen members answered to the roll call. Bertha Johnson, superintendent of Red Wing Hospital, was a guest. The question box contained several items of interest which were freely discussed. Refreshments were served before adjournment.

Minneapolis.—THE HENNEPIN COUNTY REGISTERED NURSES' ASSOCIATION held its regular monthly meeting at the club house on March 8, with a good attendance. After the business meeting, Miss Rankiellour entertained the nurses at her home.

ILLINOIS

Chicago.—THE ILLINOIS TRAINING SCHOOL ALUMNÆ ASSOCIATION, at its February meeting, had a paper on "The Amusement of Convalescents," by Sarah E. Peck. Lisle Freligh, class of 1905, has resigned her position as superintendent of the Calumet and Hecla Hospital, Calumet, Mich.

MICHAEL REESE ALUMNÆ ASSOCIATION met with the Hahnemann nurses early in March to hear a talk by Dr. Caroline Hedger on "Social Hygiene." Miss Jackson has accepted the position of head nurse of the children's ward of the hospital. Miss Holdam is night superintendent of the German Hospital. Miss Borchert has resigned her position in Omaha and is in Chicago.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS will hold examination for applicants for registration, May 17, 18, 1911. Apply to Edna Humphrey, R.N., secretary, Crawfordsville, Ind.

DR. ROBERT W. LONG AND WIFE of Indianapolis have given to the state the sum of \$200,000 to be used in founding a state hospital, on condition that it be built and maintained by the state, located in Indianapolis, placed under the control of the State University School of Medicine, and known as the Robert W. Long Hospital. The object of this gift is threefold: to give to the worthy poor of the state the opportunity to receive the best of medical and surgical care at small cost; to give the doctors throughout the state a place to take their patients; and to give the medical students the advantages to be gained from such a hospital. The state has accepted the gift, and a site will soon be selected. A number have been offered, but that on the south side of Military Park, facing the canal, seems to be the most favored.

KENTUCKY

Louisville.—THE JOHN N. NORTON MEMORIAL INFIRMARY ALUMNÆ ASSOCIATION entertained the graduating class of 1911 with a valentine party at the nurses' home on February 14. The house was beautifully decorated for the occasion, the valentine idea being carried out in the decorations, favors, and refreshments. Music added to the general air of festivity. The afternoon was thoroughly enjoyed and will be remembered with much pleasure by all who were present. The association held its regular monthly meeting on February 16 at the nurses' home. It was well attended, and a number of visitors were present. After the transaction of business, the graduating class of 1911, consisting of ten members, was elected as a class to membership. A paper entitled "A Call to the Country" was read by Miss Brunson. It proved very interesting and was applauded heartily. A social hour followed, with refreshments.

MISSOURI

Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its annual meeting on February 1 in the Y.M.C.A. Building. During the year forty members have left the city to take up work in smaller cities and towns where nurses were urgently needed. Seven members have married, one resigned, and one died. Seventy-one new members have been admitted, making the present membership 216. The following officers were elected: president, C. E. Seely, R.N.; vice-presidents, J. E. Burns, R.N., A. M. Casey, R.N.; secretary, Mena Shipley, R.N.; treasurer, M. E. Murray, R.N.; registrar, Mrs. D. Whitmer, R.N.; chairmen, Harriet Leck, R.N., Mrs. R. F. Carter, R.N.; members of registry board, Isabel Brandon, R.N., Agnes Glaab, R.N., Jessie Baldwin, R.N.

THE UNIVERSITY NURSES' ALUMNÆ ASSOCIATION, on February 21, elected the following officers for the ensuing year: president, Cora Baylis; vice-presidents, Jennie Honaker, Clementine Cherry; recording secretary, Myrtle Nash; corresponding secretary, Eva Roseberry, 1208 Wyandotte Street; treasurer, Anna Belle Adams.

Hannibal.—**LEVERING HOSPITAL** nurses were addressed by the inter-state secretary on March 6. Miss McIsaac touched on all the subjects of vital importance to the nursing profession, and spoke at length on the importance of registration and the wonderful advancement made in the nursing organizations in the past few years. She is a very delightful speaker and her address was greatly appreciated.

St. Louis.—**THE ST. LOUIS TRAINING SCHOOL** graduated seven nurses on February 22.

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet to examine applicants for registration, at the State Capitol, Denver, on April 26, 27, 28, 1911. For further information, address Mary B. Eyre, secretary, 1942 Pennsylvania Ave., Denver, Colo.

(N.B.—The abbreviation "Colo." is preferred to "Col.," as the latter is sometimes confused with "Cal.")

OKLAHOMA

THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES held a meeting in Oklahoma City on December 29. Officers for the ensuing year are: president, Mrs. Margie Morrison, R.N., Guthrie; secretary-treasurer, Mrs. Margaret H. Walters, R.N., Muskogee, re-elected. Forty state certificates were signed and many plans in the interests of the nurses of the state were made for the coming year.

Tulsa.—**THE TULSA HOSPITAL TRAINING SCHOOL** graduated one nurse at the Boston Avenue Methodist Church. The graduating address was given by Dr. Fred S. Clinton and the diploma presented by Dr. C. L. Reeder. The hospital has grown from fifteen to forty patients and the school has ten nurses.

TEXAS

THE BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS will hold its next regular meeting in Waco, April 21 and 22, 1911.

C. L. SHACKFORD, R.N., Secretary.

WASHINGTON

Seattle.—**THE KING COUNTY GRADUATE NURSES' ASSOCIATION** held its regular meeting on February 3, in Assembly Hall, Henry Building, the president in the chair. Mrs. Hawley read the report of the Federation of Women's Clubs, which told of interesting subjects taken up, and of the handkerchief shower proposed for the building fund. The treasurer's report was read and approved. Mrs. Edith Hickey, chairman of the social committee, asked for suggestions. A general discussion followed as to some form of entertainment to be given at a near date. The final decision was left to the committee. The registrar's report

followed and showed an increase in the number of calls over the previous month. A report of the building board was read which recommended that the association should not plan to build a club house at present, but that it should consider it in the near future. It was also asked that the committee be considered disbanded. At a previous board meeting it was recommended that Article II, Section 2, of the By-Laws be amended. The amendment, prepared by Miss Major, was read, to be voted on at the March meeting. The nurses of the Anti-tuberculosis League gave three interesting papers, in which they combined the practical with comedy and tragedy. The papers were heartily enjoyed by those present. Mrs. Irene Farrell was elected to fill a vacancy on the board. Isabelle Marr was appointed one of the Public Health Committee. Alice Kershaw was elected assistant secretary. Mrs. Davies invited the members to attend a social to be given by St. Barnabas Guild. A committee was appointed to draft resolutions of regret on the death of Miss Curry, of Tacoma, who had been secretary of the Pierce County Association.

The March meeting was held on March 6, in the same place, the president presiding, with thirty-two members present. Minutes of the previous meeting were read and approved. The monthly reports of the treasurer and registrar were read and accepted, also a letter of thanks from the Commercial Club of Seattle for the contribution of the nurses to the Chinese Relief Fund. Mrs. Edith Hickey reported the reception held on February 22, in the reception rooms of the Hotel Kennedy, to welcome new members. Mr. B. W. Johnson gave an interesting talk on his trip through the British Isles and his observations on school work on the continent. The nurses were urged to take an active interest in the first annual ball and card party to be given by the association at Christensen's Hall, April 23, for the nurses' sick benefit fund. The report of two directors' meetings, held on February 20 and March 3, read by Mrs. Farrell, was accepted, also the report on resolutions in regard to Miss Curry's death. On the resignation of Alice Kershaw, assistant secretary, Mrs. Edith M. Hickey was chosen to succeed her. After the business session, papers were read by the Deaconess nurses and by Alice Kershaw, visiting nurse for the Catholic Social Betterment League. All felt the earnest desire on the part of these nurses to better conditions existing in the city, showing the need of scientific instruction and nursing to show people a better way of living. Miss Loomis urged the nurses to consider forming a state committee and subcommittees for enrollment in the Red Cross. A report was submitted by the delegates to Olympia in behalf of the bill on state registration. They were able to indefinitely postpone the opposing bill. Miss Saeger was made an honorary member of the association.

Tacoma.—PIERCE COUNTY GRADUATE NURSES' ASSOCIATION held the regular monthly meeting on March 6, 1911, at 8 P.M., in the nurses' home of the F. C. Paddock Hospital, with fourteen members present. Minutes of last meeting read and approved. Misses Rathbone and Yuill, Tacoma school nurses, gave very interesting talks on their work in the schools, and the members are glad they are succeeding in this work. A kind letter was read from Miss Elsie Curry, sister of the late secretary, written to the association. A letter was also read from the King County Graduate Nurses' Association, expressing sympathy for the association's loss in the death of Miss Maud S. Curry. It is desired that there be ten names of nurses from the Pierce County Graduate Nurses' Association, to join the State Red Cross Association; it was moved and seconded

that ten names be sent in. Mrs. McCabe very kindly sang "My Rosary." Refreshments were served by Miss Weller of the N. P. Hospital. Adjourned to meet the first Monday in April.

BIRTHS

ON February 4, to Mr. and Mrs. James H. Swan, a son. Mrs. Swan was Miss Cuthbertson, class of 1901, New York Hospital.

ON March 3, to Dr. and Mrs. B. Stinson, a son. Mrs. Stinson is a graduate of the Illinois Training School, Chicago.

ON December 25, 1910, to Mr. and Mrs. J. R. McCready, a son. Mrs. McCready was Janet Robinson, class of 1901, Illinois Training School, Chicago.

ON January 2, in Indianapolis, to Mr. and Mrs. M. H. Talbott, a son, Murray Henry, Jr. Mrs. Talbott was Grace Letts, class of 1908, Methodist Episcopal Hospital, Brooklyn.

ON January 30, at Seattle, Wash., to Mr. and Mrs. Isaac Waring, a son, John Allison. Mrs. Waring was Julia Sandbery, class of 1904, Methodist Episcopal Hospital, Brooklyn.

IN September, 1910, in Wuhu, China, to Dr. and Mrs. Edgerton Hart, a daughter. Mrs. Hart was Caroline E. Maddock, class of 1904, Illinois Training School, Chicago. She has been one of the most interested contributors to the Mission Stations Department of the JOURNAL, has done pioneer work in the establishment of training school work in China, and has been one of the founders and active workers in the China Association of Nurses.

MARRIAGES

MISS HEWSON, graduate of Michael Reese Hospital, Chicago, to M. Hoffman.

ON January 16, at Maypen, Jamaica, W. I., Helena Earle, graduate of the New York Hospital, to Stanley Mendez, M.D.

DELIA DRAHOS, class of 1903, Illinois Training School, Chicago, to Carl Vogel, M.D. Dr. and Mrs. Vogel will live in Elroy, Wis.

ON March 1, at Norfolk, Va., Evelyn Daniel, class of 1908, Virginia Hospital, Richmond, to Charles L. Goodloe. Mr. and Mrs. Goodloe will live at Verdon, Va.

ON December 24, Irene Kunz, class of 1908, Methodist Episcopal Hospital, Brooklyn, to Thomas Stiff, Jr. Mr. and Mrs. Stiff will live at 438 Chew Street, Allentown, Pa.

ON February 22, in Talbot, Indiana, Lucy May High, class of 1909, Indianapolis City Hospital, to Albert G. Porter, M.D. Dr. and Mrs. Porter will live at 1364 Eighth Avenue, Terre Haute, Indiana.

ON February 8, at Lake Charles, Canada, Jemima Catherine Spicer, class of 1901, Illinois Training School, Chicago, to William James West. Mr. and Mrs. West will live in Hibbing, Minn.

ON January 22, at Cristobal, Canal Zone, Mabel C. Henderson, class of 1907, Allegheny General Hospital, Pittsburgh, to I. H. Fleischman, of Atlanta, Georgia. Mr. and Mrs. Fleischman will live in Culebra, Canal Zone.

AT the Church of Zion and St. Timothy, Elizabeth Barton, class of 1904, St. Luke's Hospital, New York City, to Gladstone Goode, M.D. Dr. and Mrs. Goode will live at 329 West 83d Street, New York City.

ON February 25, in the Presbyterian Church, Mattituck, Long Island, Miriam Kirkup Gildersleeve, class of 1910, Methodist Episcopal Hospital, Brooklyn, to William Henry Gissell, M.D. Dr. and Mrs. Gissell will live at 1555 69th Street, Brooklyn.

DEATHS

ON January 9, at her home in Chillicothe, Ohio, after a long illness, Olive D. Bailey, a graduate of Grant Hospital, Columbus.

IN August, 1910, at Memphis, Tennessee, Margaret Lowrie, graduate of the Columbus Training School. Miss Lowrie was a pioneer nurse of Columbus.

ON November 3, 1910, at the Allegheny Hospital, Cumberland, Md., after a seven weeks' illness with typhoid fever, Marion A. Moor, R.N., class of 1905, Woman's Hospital, Philadelphia. Miss Moor was assistant superintendent of the hospital in which she passed away.

ON February 25, at the George Washington Hospital, Washington, D. C., of pneumonia, Mary Seebury Hammond, class of 1890, Connecticut Training School. Miss Hammond was a loyal and devoted member of the Graduate Nurses' Association of the District of Columbia, a valued worker, and was most beloved by her many friends who were shocked at the news of her death.

ON February 28, at Lebanon, Pennsylvania, Lillian G. Light, class of 1899, Philadelphia Hospital. Two weeks before her death, Miss Light was called to the home of a foreigner to care for his wife who was suffering from dementia. While in charge of the patient, Miss Light was bitten in three places. The wounds were cauterized, but a week later blood poisoning developed, and she died after days of intense suffering. Miss Light had held positions as night superintendent in hospitals in Sunbury and Tyrone, but most of her work had been in Lebanon, where she had nursed both rich and poor so faithfully that she was widely loved and honored. Some years ago, at the time of a smallpox epidemic, she volunteered for service and took charge of the Municipal Hospital, where 130 cases were under her care, all of whom recovered. Of late years she had done the work of a district nurse whenever the opportunity came to her between her private duty cases, and had been trying to interest the Woman's Club of the city to raise funds to support regular district work. The citizens of Lebanon now propose to raise a fund in her memory to carry out her wishes. Funeral services were held at her home and at the Centenary Methodist Church of which she was an active member. She was buried in her nurse's dress; among the mourners were people of every nationality, from the factories and the slums. It is said that between her injury and its fatal development she went to another patient and stayed as long as possible. At her request her books and instruments will be given to the local district nurse when such a one shall be secured.

BOOK REVIEWS



IN CHARGE OF

M. E. CAMERON

A MANUAL OF NURSING. By Margaret Frances Donahoe, formerly Superintendent of Nurses and Principal of Training School, Philadelphia General Hospital. Price, \$2.00. D. Appleton and Company, New York and London.

Miss Donahoe's book does not differ from other text-books of nursing except in the slightly personal touch of the author. Taking up each division of her subject, she gives a highly interesting glance over the subject—noting conditions, and individuals who have been instrumental in bringing about the present status of the nurse in general or in particular.

Thus, the first chapter, in a page of retrospect, gives glimpses of the religious orders of nursing, the school of Kaiserswerth; the preparation of Florence Nightingale for her great work in the Crimea; and her even greater work in establishing the first training school for nurses. Or again, in Chapter XXVII, on the giving of anæsthetics, we are made to look back to the awful condition of suffering that was entailed when operations were done prior to the discovery of anæsthesia due to ether, chloroform, or other agents. Thus, by bringing before the notice of the student how far-reaching the work of one or another individual has been, she draws the attention to the high standards each intending nurse should bind herself to maintain. In the same way she loses no opportunity of bringing out the ethical responsibility of the nurse toward her patient. This point seems to be particularly well taken in our present ever-increasing commercialism. Legal responsibility the nurse is less liable to forget and Miss Donahoe gives it only its due. "A thorough working text-book" it is claimed to be, and as such amply justifies its existence. It bears the imprint of the true nurse and the earnest woman on every page.

PRACTICAL URINALYSIS, FOR NURSES. By F. W. Marquardt, M.D., Attending Obstetrician to the German Hospital of Chicago. Price, 60 cents. Chicago Medical Book Co., Congress and Honore Streets, Chicago.

The second edition of this little book has been added to, both in text and illustrations. It is especially recommended for use as a ready

reference to nurses and students. Its forty odd pages contain matter sufficient for all practical purposes of examining and testing, besides copious notes on the modifications due to natural causes or to disease.

STATE REGISTRATION FOR NURSES. By Louie Croft Boyd, R.N., Graduate Colorado Training School for Nurses, connected with City and County Hospital, Denver, Colorado; Post-Graduate Presbyterian Hospital, Chicago, Illinois; Member Colorado State Board of Nurse Examiners, 1905-1909; Certificate of Hospital Economics, Teachers' College, Brooklyn, N.Y., 1908-1909. Price, 50 cents. W. B. Saunders Company, Philadelphia and London.

The author and compiler of this volume has given in tabulated form a summary of the laws governing the registration of nurses in the United States; with a comparison of differences obtaining in the several States which have so far legislated. The title "Registered Nurse" with the abbreviation R.N. is universally allowed. There is no State which recognizes the right of a nurse to register unless she has had two years' training. Seven of the States require three years' training.

AIDS TO MIDWIVES. By Rebecca Emily Réney, Diplômée Q.C.H., L.O.S., C.M.B. 1 shilling. Scientific Press, Ltd., London.

This small book of thirty odd pages gives a concise description of the bony pelvis, the principal conjugate diameters of the pelvis, the signs and symptoms of pregnancy, the management of normal labor—as well as of complicated, and accompanied by accident, hemorrhage, etc., management of the patient and care of the child are given as the rule of Queen Charlotte's Hospital, London, requires its graduates to practise.

OPEN AIR CRUSADERS. Edited by Sherman S. Kingsley, General Superintendent of the United Charities of Chicago. Published by United Charities of Chicago, 51 La Salle Street, Chicago.

This book, besides giving a general account of open-air school work in Chicago, is in itself a special report of the "Elizabeth McCormick Open Air School," an institution conducted by the United Charities of Chicago, the expenses of maintenance, equipment, etc., being met by a grant to the Society from the Trustees of the Elizabeth McCormick Memorial Fund, a foundation in honor of the child to whose memory the book is dedicated.

If one may judge from the illustrations, and particularly the colored coverplate, the youngsters who go to this school find it small hardship

to attend regularly. The costume for girls and boys alike consists of heavy blanket Eskimo suits worn over ordinary clothing. It is made in two parts, trousers which are tucked into big lumberman's boots and a tunic, with a peaked hood attached, which is worn over the head or thrown off at will. The school has been in operation over a year, and among some of the results that it claims for the thirty children in attendance, are: an average gain of four pounds in weight; teeth put in order and kept clean; adenoids removed; daily bath; stated times for rest strictly kept; besides an attendance of wonderful regularity. Some of the children came four miles to this novel school. The teacher and the school equipment are furnished by the Board of Education. Applicants are chosen by the following diagnostic points:

1. Family history (63 per cent. of the children had a case of positive tuberculosis in their immediate family).
2. General type of body and state of nutrition.
3. Fever.
4. Cough.
5. Dulness, or breath changes.
6. Pirquet test.
7. Absence of tubercular germs in sputum or throat swabbing.

Beside being under the care of physician and nurse, while at the school, the children are followed up at home, and with the co-operation of parents the regimen is carried on throughout the twenty-four hours. So enthusiastic are the children that when Christmas vacation came round they begged the teacher to continue school through the holiday.

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